

# Chemist & Druggist

Benn >>

NOVEMBER 2 1974

THE NEWSWEEKLY FOR PHARMACY

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## Coughs & Colds

SPECIAL SECTION

**Independents  
should 'follow  
multiples'**

**Contractors'  
claim too  
precipitate?**



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The newsweekly for pharmacy  
**2 November 1974 Vol. 202 No. 4937**  
 116th year of publication

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# Coughs & Colds

Don't get caught out with empty shelves  
 when the coughs and colds season  
 starts (see p 623)



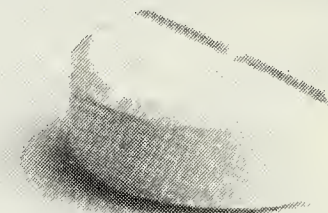
# 24 reasons for dispensing Larodopa



The first twenty-three are money: 23 x 10p = £2.30 — the amount you save on every 200 tablets dispensed compared with the most expensive brand. In fact, Larodopa is the most economical *and* most frequently prescribed brand of levodopa tablets.

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# 'Restrictive practices' study into cosmetics and pharmaceuticals

The Examiner of Restrictive Practices, Mr A. Kennan, is investigating the nature and quality of competition in the sale of pharmaceuticals and cosmetics at the request of the Minister for Industry and Commerce, the Pharmaceutical Society of Ireland's Council was told at its October meeting.

A letter from Mr Kennan was read out, requesting information *inter alia* on the Society's statutory powers and obligations and asking for a meeting with representatives of the Council. It was decided to reply factually to the questions and to outline the views of the Council regarding the distribution and supply of medicines in relation to public health.

Mr Hallinan, assistant secretary, Higher Education Authority, wrote enclosing a cheque for £2,300, being the second instalment of the annual grant-in-aid of the College of Pharmacy for the current financial year.

## Unwanted medicines

A letter was received from the Minister for Health, Mr B. Corish, TD, concerning difficulties encountered in the collection of unwanted medicines from pharmacies by Health Boards. Mr Corish confirmed that he was having inquiries made into the matter and would send a further letter as soon as possible.

The registrar reported that he had been advised that faulty 50 ml medicine measures had been found in some UK hospitals. Apparently the 10 ml graduation mark had been misplaced, producing volume errors of up to 50 per cent. Inquiries indicated that no supplies of the defective measures had been imported into Ireland, but hospital pharmacists would be advised to check their measures.

Commenting on the report of the Committee on Drug Education, recently presented to the Minister for Health, Mr R. J. Power (a member of the Committee) said it was gratifying that the efforts of the Society in the area of health education had been duly acknowledged. The Committee recommended the establishment of a Health Education Authority as a matter of urgency to co-ordinate the efforts of bodies already working in this area. The function of the Authority might be divided into four areas: education, publicity, research and administration. It was recommended that a panel of lecturers available to give talks to parents groups and other concerned adults should be developed. There was an opportunity there for pharmacists to build on the work already done by the Postgraduate Education Committee and their speakers trained in the College of Pharmacy, added Mr Power.

Arising out of a letter from Balla

Community Council, co Mayo, seeking the Council's assistance in attracting a pharmacy to their village, Miss Teresa Landers said that this was a typical example of a place which was fairly remote and which could not support a pharmacy without some form of subvention. The newly-elected member, Mr J. Harnett, said he had carried out a survey of co Kerry pharmacies and reached the conclusion that 27 per cent of them were not economically viable. In addition, many pharmacies were situated in areas which lacked amenities, such as schools, places of entertainment, etc, and had to compete with the obvious attractions of cities and larger towns. The president said the discussion underlined the problems of organising a planned pharmaceutical service and they awaited with interest the outcome of discussions in Brussels on the issue. The Community Council had been advised to draw the attention of the Western Health Board to their plight and a copy of their letter would be sent to the Irish Pharmaceutical Union.

## Illiteracy

Mr T. McGuinn drew attention to the recent discovery of "hidden" illiteracy amongst a small minority of the population. As a result, some patients were unable to read instructions for taking medication and pharmacists should make certain that patients understood the directions. Mr Quirke said that rural pharmacists understood this problem in relation to itinerants who were readily recognised. The problem of illiteracy or semi-illiteracy was more likely to occur in urban areas.

The registrar drew attention to the fact that a number of students had applied for preliminary registration in the Pharmaceutical Assistants' course after the closing date (August 31). In some cases members of the Society acknowledged that they were responsible for mis-informing students about the relevant date. Members should consult the Society's current Calendar for information about courses and, if they were in doubt, should advise students to contact the Society direct. Two applications were received from graduates seeking approval for practical training outside the State. The requests were not approved on the grounds that the Society would not be in a position to check the conditions in which graduates would be working outside the jurisdiction.

Mr Michael Shannon (chairman) and Mr M. F. Walsh were re-appointed the Council's representatives on the Postgraduate Education Committee.

Mr S. Hillery said that a speaker at the recent Pharmaceutical Congress in

Waterford had stated that it was no longer lawful for hospitals to dispense either GMS or private prescriptions to out-patients, but this was only partially correct. An exemption applied in the case of psychiatric medicines and that category was quite large. Ultimately it was hoped that all dispensing for out-patients would be phased out.

The registrar reported on the deaths of Anthony Cassidy, MPSI, Eileen Illingworth, LPSI, Frances McAnena, MPSI, and Hugh B. O'Donoghue, LPSI. J. J. Griffin & Co were re-appointed Auditors for the year 1974/75.

## Register changes

The following were granted change of name in the registers, marriage certificates having been submitted: Mrs Catherine Lacey (nee Pilkington), LPSI, Mrs Mary V. O'Mahoney (nee Carey), LPSI, Mrs Geraldine Folan (nee Kelleher), Assistant, Mrs Deirdre Colgan (nee O'Donnell), Assistant. The licence certificate of Yvonne Mary Faherty was signed and sealed.

The following were granted preliminary registration in the Pharmaceutical Assistants' preliminary register:—

Geraldine Carmel Cannon, 12 Corkhill, Kinnegad; Siobhan Mary Clarke, 60 Pearse Park, Tullamore; Mary Concepta Coady, The Bungalow, Laragh Hill, Ballyglunin, Tuam; Ursula Deasy, 58 Upper Beaumont Drive, Ballintemple, Cork; Dolores Ann Dolan, Marian House, Monivea, Athenry; Margaret Josephine Dunne, Castledermot, co Kildare; Crona Ann Bonar, Gweedore Road, Dungloe, Lifford; Margaret Mary Bourke, Coolagula, Kanturk, co Cork; Catherine Mary Cahill, Killinan, Thurles, co Tipperary; Antoinette Christina Donoghue, 61 St Brigid's Terrace, Mullinger; Mary Geraldine Farrell, Crossinstown, Ballivor, co Meath; Ita Catherine Edel Finn, Aughrim, Ballinasloe, co Galway; Denise Mary Flynn, Main Street, Carrick-on-Shannon; Una Mary Heneghan, Main Street, Kiltimagh, co Mayo; Bridget Marian Higgins, Ballineety, Dingle, co Kerry; Pauline Margaret Kavanagh, 10 Martin Savage Road, Ashtown, co Dublin; Maria Pia Kearns, Ballycumber Road, Ferbane, co Offaly; Mary Bernadette Keegan, Fernleigh, Priest Road, Tramore, Waterford; Noreen Marie Kelly, 123 Ardmore Park, Bray; Mary Agnes Kirwan, 65 Ross Road, Enniscorthy; Mary Anne Theresa Lamont, Blackrock, Dundalk; Rose Leahy, 13 Castlewood Park, Clon Road Mor, Ennis; Niamh Mary McCarthy 2 Lackfield co Carlow; Elizabeth Mary McCourt, St Andrew, Alphonsus Road, Dundalk; Jacqueline Mary McDonnell, Main Street, Castlereagh, co Roscommon; Mary Martina Bernadette McHale, 7 St Bridget's Crescent, Castlebar; Colette Maria Murphy, San Clemente, New Line, Callan, co Kilkenny; Pauline Anne Murphy, Arranmore, Grange Park, Waterford.

Marie Patricia O'Brien, 22 Gurteen Park, Dublin 10; Niamh Catherine O'Mahony, 28 Shop Street, Drogheda; Bridget Majella O'Neill, Ballinard, Ballineen, co Cork; Mary Bridgid O'Neill, Main Street, Buttevant, co Cork; Bridget O'Shea Sunville, Knocklong, co Limerick; Mary Eileen O'Brien, The Bungalow, Coolalough, Hospital, Limerick; Gerard Patrick Pettit, 11 St Coman's Park, Athlone co Westmeath; Geraldine Ann Marie Power, Ardfinnan, Clonmel, co Tipperary; Catherine Ryan, 54 Sandford Road, Ranelagh, Dublin 6; James Noel Ryan, Main Street, Ballinasloe, co Galway; Mary Teresa Ryan, St Jude's, Ardmoyle, Cashel; Margaret Mary Sheridan, The View, Wilkinstown, Navan; Claire Pauline Brigid Shortall, Griffith Barracks, SCR, Dublin 8; Anne Mary Spain, Silverdale, Kilmac, Offaly; Mary Theresa Toolan, Gortmorris, Creggs, co Roscommon; Nuala Mary Hennessy, Drumbanna, co Limerick; Veronica Anne Grehan (nee Lyons), Dublin Road, co Longford; Elizabeth Annabella Conlon, 25 Bayside Square South, Sutton, co Dublin; Sara G. Wynne, Currandulla, co Galway; Gabrielle Anne Harney, Main Street, co Longford; Deirdre Concepta Lynch, 9 King Edward Lawn, Bray; Peter Paul Brady, 36 John Street, Kilkenny; Josephine Mary Breen, Coologue House, Old Pallas, co Limerick; Dorothy Irene Turner, Churchtown, Carrigans, Lifford; Irene Mary Elliott, Main Street, Donegal; Vivian Bernadette McCourt, 160 Beaumont Road, Dublin 9; Catherine Bridget E. Pettit (Mrs), The Square, Clara, co Offaly; Emily Marie C. O'Rourke, Millbrook, Inniskeen, Dundalk; Mary Susan Buckley, 37 Upper Castle Street, Tralee; Carole Loreto Anne McAllister, 10 Duke Street, Drogheda, co Louth; Mary Aloysius Crowley, Coolemore, Finstown, Lucan; Frances Therese Golden, St Brigid's, Wilton Road, co Cork.



# Many drug submissions 'deficient'

Many product submissions made to the National Drugs Advisory Board last year "were seriously deficient in the basic data concerning chemistry and pharmacy" according to the Board's annual report for 1973 recently published. The information which was inadequate or lacking mainly concerned the purity of the drug substance, limits for content of active constituent and comprehensive stability data. Inaccuracies in statements were "prevalent." The Board felt it was likely that some of the deterioration was due to the part-use of routine licence submissions for other countries.

The Board examined 651 submissions in the year—89 concerning clinical trials, and 181 related to new substances for marketing in Ireland—and the fall in the total number from 765 in 1972 was largely due to a reduction in the numbers of reformulated products. Some 78 applications were passed for clinical trial (3 remained under consideration), and 466 for marketing (62 under consideration).

Adverse reactions reporting rose 40 per cent to 581 reports—365 reports followed long term treatment. The Board attributes the increase in part to special studies undertaken, and the number of doctors reporting increased from 10 per cent to 14.3 per cent of those practising. A total of 10 deaths were reported as associated with the administration of drugs, and the cumulative total of reports of death following intravenous frusemide was eight.

The Board has put forward criteria for assessment of fixed drug combinations. These include: the absence of adverse interaction between the active ingredients at the dosage level to be used; the dosage of each active ingredient would have to be effective and safe for the intended use; and each active ingredient should have about the same duration of activity and not have disparative therapeutic margins.

## 'Free sale' criteria

Criteria were also drawn up by the Board for when a medicine was considered for free sale without a prescription and elsewhere than from a pharmacy. The criteria were: The drug is not cumulative in the body at the recommended dosage; it does not produce significant physical or psychological dependence; it is not capable of significant interaction with other drugs; it has a low potential for hazard relative to recommended use; and it cannot be regarded as active therapy for any specific condition. In cases where evidence suggested that a specific condition could be masked, aggravated or induced by a particular medicinal substance intended for general sale, it was agreed with the industry that the Board

should determine the conditions for marketing. Such substances would include aspirin, paracetamol and vitamins A and D. The Board also laid down requirements for medicines on general sale and the report records that the industry had accepted the criteria, and agreed in principle with the requirements.

Other points from the report include:

□ The Board, in December, 1973, recommended that phenacetin-containing products should be available on prescription only;

□ The Board was concerned that cosmetic preparations containing sex hormones, or intermediary metabolites of hormones and their derivatives, should be subjected to close scrutiny and assessment before being accepted as safe when available to the general public

## Degree successes

Second Class Honours: M. Donnellan, Miss L. M. Greene, T. McGreal and C. A. Murphy.

Pass: Mrs H. C. Buttimore, C. Byrne, Mrs P. Clifford, Miss E. Connolly, E. Cotter, Miss M. Crowley, Miss M. C. Daly, D. Dowling, Miss J. Fitzpatrick, J. Freeman, Miss M. Garvey, Miss S. Higgins, Miss N. Hooper, V. Kennealy, Miss M. Kiely, Miss C. M. Leonard, C. M. McCarthy, J. M. T. McLaughlin, Miss D. Murtagh, D. O'Farrell, Miss M. Percell and P. Sweeney.

## Prosecutions

Recent court cases involving the Pharmaceutical Society included:

Mullagh Co-operative Agricultural Society Ltd, co Cavan, was prosecuted at Virginia District Court for selling a veterinary preparation containing a scheduled poison contrary to section 30 of the Pharmacy Act 1875 and section 17 of the Pharmacy Act 1875 Amendment Act 1890. The Justice imposed a fine of £1 and allowed £12.80 expenses and £20 legal costs.

Hamilton Long & Co Ltd, 23 Mary Street, Dublin 1, was prosecuted at Dublin District Court for selling a topical preparation containing a scheduled poison

contrary to section 30 of the Pharmacy Act 1875 and section 17 of the Pharmacy Act 1875 Amendment Act 1890. The Justice convicted and imposed a fine of £2 and awarded £11.40 expenses and £7 legal costs to the Pharmaceutical Society.

## Call to restrict use of barbiturates

The end of barbiturate usage is long overdue, according to Mr C. S. O'Connor, senior lecturer, College of Pharmacy, speaking at the recent Waterford Congress. Other drugs were equally as effective, eg nitrazepam, so why should such "dangrous and addictive" drugs be used, he asked. One in five who sought help in sleeping had been given hypnotics in hospital—it was "easy to start, but hard to stop". Mr O'Connor called for the use of barbiturates and methaqualone to be restricted to certain diseases only and called for the introduction of a Misuse of Drugs Act similar to that in the UK. Speaking about the misuse of drugs, Mr O'Connor said that pharmacists should be vigilant in storing drugs securely, preferably in a steel locker, and should not sell certain cough medicines to youngsters. They should also look out for forged prescriptions, and have no hesitation in telephoning the doctor if dangerous drugs (especially Palfium) were involved.

□ Nothing is as suitable for a baby than breast milk, said Professor R. G. G. Barry, professor of paediatrics, University College, Cork. Professor Barry asked pharmacists not to encourage mothers to give their children baby milks, and cereals should not be started under three months.

## Benevolent dance

The Pharmaceutical Society's Benevolent Fund Dance Committee is to hold its annual dance at the Shelbourne Hotel, Dublin on December 3. There will be a sherry reception at 8.30 pm followed by supper at 9 pm and dancing until 2 am. Tickets are available from the Committee, 18 Shrewsbury Road, Ballsbridge, Dublin 4.

## Report finds need for drug education

There is a need for positive health education programmes, suited to different age groups, in the prevention of drug abuse, a recent report has recommended.

The report of the Committee on Drug Education (Government Publications Sale Office, GPO Arcade, Dublin 1, £0.12½) says the Committee felt that little attention had been paid to health aspects of education in schools. Within the context of health education programmes, direct drug education could be usefully given. The Committee also felt that dangers of raising curiosity and perhaps exacerbating a drug problem would not apply to informing adults on drugs and, without such knowledge, adults would be unable to intervene effectively to help those at risk or already abusing drugs. On the media, the Committee recommended that journalists and broadcasters should have easy access to health education specialists, and called for the discouragement of "persuasive" advertising of any drug.

While acknowledging that health education was being undertaken by many groups including the Pharmaceutical Society of Ireland, the Committee felt there was little co-ordination between the bodies, and therefore recommended the urgent setting up of a Health Education Authority. The Authority would also carry out functions for health boards on an agency basis, and plan and develop proper health education programmes on short and long term bases.

In the short term, the Committee's recommendations included seminars for teachers; seminars throughout the whole country to groups including doctors, nurses, clergy, pharmacists, gardai, welfare officers and social workers; the expansion of the panel of lecturers to give talks to adult groups; health education booklets for teachers; and the setting up of local teams to include medical personnel, in health boards, with special responsibility in adult education.



# Comment

## Apathy undermined

Woodhall Spa, in the depths of the Lincolnshire countryside, was the unlikely scene of a chemist contractors meeting at the weekend which blew away a few of the usual cobwebs of apathy (pp 614, 643). For a start, 81 per cent of Lincolnshire's contractors were represented (including Boots and other multiple managers) and that turnout increases to 95 per cent if the pharmacists on Sunday rota duty are discounted. A surprise, however, was the depth of feeling expressed against the Pharmaceutical Society which, an outside observer might have presumed, seemed bent on the destruction of retail pharmacy. Such an observer would surely have prescribed some "banging of heads together" if the profession has really reached this depth of internal misunderstanding.

How far wrong have things gone when intelligent pharmacists can describe their professional body as "they" who are attacking "us", meaning retail pharmacists? As pointed out by Mr Durham (without a great deal of support), it is a "sin of omission" if this sector is not in control in such a democratically constituted body.

But what are the facts? Almost all members of the Society's Council are in general practice or are closely associated with it, many of them proprietors or directors of pharmacy-owning companies. Several in past and present Councils sit also on the NPU Executive. Are they accused of trying to cut their own throats?

Perhaps those who seek election to Council aim for a "professional" bias to retail pharmacy while those who go for the Executive want the commercial approach. Perhaps those who sit on both bodies look for the best of both worlds—but is that not what the majority in retail desire?

There is little in pharmacy that is all black or all white, and it is a pity that critics in all sectors cannot

see that their interests would be better served by establishing the wide areas of agreement before fighting over matters of difference. In this context it was regrettable that the meeting found it necessary to be critical of the Society's inspectors—to the extent of preferring the police! The inspectors have a statutory duty to perform in the *interests* of the profession (if the law is disregarded, pharmacists' privileges will be lost), but outside that they should be ambassadors, not snoopers. Council should instigate an inquiry into the inspectors' activities forthwith, if their advisory function is being undervalued.

Returning to the commercial aspects, Mr G. Urwin, a member of the Contractors Committee, advised those with businesses not turning over £40,000 a year to sell up. He also spoke of a "new breed" of graduates not prepared to work so slavishly as their forefathers. However, these graduates also demand more day-to-day involvement in "pharmacy" and it may be necessary to show them that commercial success is not incompatible with their aspirations.

A great deal of credit for the success of the Lincolnshire meeting must go to the enthusiastic secretary, Mr Graham Walker. Was it the personal invitations to the meeting, the telephone contacts, the "free day out" (possible because of the committee's foresight in demanding a realistic levy), the tangible evidence of the committee's early achievements?

Whatever the reason, pharmacists were persuaded to gather together to discuss their problems and call for a line of action. It is only through such fully-representative meetings that the leadership can learn what the rank-and-file really wants—and it is only those who have offered their opinion that have the right to criticise leaders who take a wrong direction. Hopefully, Woodhall Spa might be an inspiration to other "activists" faced with apathy.

## Letters

### One computer programme for pharmacy?

In order to survive, commercial pharmacy is going to have to carry out considerable re-organisation at all levels, this is being done rapidly by the giant groups, more slowly by small multiples and independents. We are coming to an end of an era in office and shop accounting machinery and are about to enter an era of the electronic as opposed to mechanical accounting machinery.

It is understood that the largest retailer and the large wholesalers of pharmaceuticals in Britain have different computer codes for pharmaceutical goods and toiletries. It is felt that the introduction of a common code for pharmaceutical goods and toiletries would be the biggest cost-

cutting step taken in the pharmaceutical and toiletries field in a generation. It would aid manufacturer, wholesaler and retailer, and lead to many economies.

The benefits of such a system would certainly be taken up by overseas English-speaking territories, which are already closely connected with us and would bring about benefits in trade. It would also iron out many existing anomalies. We would not have to wait for the Common Market because their whole system of medicines is so different from ours it barely coincides at any point.

This scheme cannot be sought through the professional bodies as they are interested only in professional aspects. It is hoped that the National Pharmaceutical Union will support the idea. Some manufacturers may wish to oppose it because it might involve them in some cost, but this is surely outweighed by the long term benefits to the country and the Health Service.

Similar methods have had success in other countries and should be supported

for their advantages to the common weal.

**S. T. Swaddle**

Whitley Bay

[The product code shown in the *C&D* Price List is the most comprehensive system covering branded pharmaceuticals, cosmetics and sundries that is available in Britain since it includes "franchise" products. Some wholesalers are already looking at their computer programmes with a view to incorporating the code in their own systems. The *C&D* scheme also has the advantage of being flexible enough for wholesalers or manufacturers who have special needs, to have individual codes allocated to them. Furthermore, in collaboration with Exel Communications *C&D* can offer, as an extension of the pricing service, a unique service of computer-compatible tapes, punch cards or discs to fit in with a wholesaler's or manufacturer's current system. Developments are also in hand concerning marketing and product information, but above all the *C&D* system is being oriented towards future competitive retailing.—Editor.]



# Adopt multiples' approach, independents advised

There is more hope for independent chemists if they adopt the multiples' approach rather than the "professional" approach to retail pharmacy, stated Mr G. Urwin, a member of the Central NHS (Chemist Contractors) Committee, on Sunday. Addressing a meeting of Lincolnshire area contractors, he said that the more dependent chemists were on dispensing, the easier it would be for them to be nationalised: "I would rather fall flat on my face preventing retail pharmacy being nationalised than spend the rest of my life on my knees."

Unlike the vote for a State service at Lceds (last week, p575)—which he regarded as the worst possible disservice to retail pharmacy—his opinion did not derive from playing "boy-politics." The multiples were the only ones in pharmacy to show real growth for several years; they were better organised and set high standards of appearance and value. The retail potential for chemists was over £300m annually—"The issue is, do we make money and stay in business?" There were 12,000 premises and 18,000 pharmacists involved. "It is like a giant boiler and if a flame was lit beneath it we would have tremendous power to make things go our way." (Report of the meeting, p 643.)

## Contractors Committee acted too quickly on claim

The Central Contractors Committee has been censured by West Sussex Area Contractors Committee for reacting too quickly "and without sufficient thought" to the hospital pharmacists' salary award (a claim for £5,796 proprietor's notional salary was submitted for 1975, in line with the award to the principal pharmacist grade).

The first of two West Sussex resolutions, passed unanimously on October 21, claims that insufficient consideration was paid to the difference in responsibilities and conditions of the retail pharmacist. "The retail pharmacist does not have:— A 9 am to 5pm day; a five day week; 4 to 7 weeks' holiday per annum; participation in superannuation; job security, because of the incidence of group practices and health centres, which can reduce prescription numbers almost overnight; locum tenens' fees paid; threshold agreement.

"Other differences are:— In many areas participation in rotas is mandatory; face possibility of leap-frogging; delay in complete payments, whereas hospital pharmacists are paid on the due date; necessity to incur high overdraft interest rates whilst waiting for payment completions.

"When these differences are taken into account, it will be obvious that there should be a differential in an upward

direction above that of hospital pharmacists."

In the second resolution, the Committee recommends that prompt attention be given to:— The fact that the interest content of the on-cost does not bear any relation to present interest rates; the rate of discount deducted from ingredient costs bears no relation to the actual discount which the average pharmacy can obtain in current conditions, such as the wide range of "ethicals" on the average pharmacy shelf and the present minimum value of orders for direct buying; and the 37 per cent increase in the container allowance will by no means cover the present increased cost of containers.

## CADD on the offensive, Minister warned

"Pharmacists in rural areas have come to the end of their tethers. Instead of talking about it they are going to act." Mr W. B. Hannon, Bishop Auckland, who recently set up CADD (Campaign Against Doctor Dispensing, *C&D*, September 21, p 404), has written to the Department of Health in those terms warning that the group, "with the support of brethren in towns and cities", are to pressure wholesalers into cutting off doctors' supplies. "Since the wholesale chemist derives 99.9 per cent of his business from retail pharmacy he will be unable to resist pressure for long.

The letter goes on: "There is no place within the NHS for doctor dispensing. An NHS prescription form is a blank cheque which the dispensing doctor makes payable to himself. No patient need have any difficulty in obtaining any medicine in rural areas if the NHS paid the pharmacist for a delivery service."

Recording a Department claim that no evidence of pharmacy closure due to doctor dispensing has been received, Mr Hannon says he holds a letter from a rural chemist whose prescriptions have dropped from 2,500 a month to 950 due to doctor dispensing. "The dispensing doctor is about to go. Whether in a blazing row and adverse publicity for the Department, or in an orderly manner, is up to you," he tells the Minister.

## Another dispensing doctor attacks

"The MPS, by the way, is again trying to run dispensing doctors out of business and get a monopoly for its own members," writes Dr David Cargill in a recent *World Medicine*.

He was pointing out difficulties experienced by patients because all the local pharmacies closed on the same half day while the surgery was open, although one

pharmacy did an hour's rota service in the evening. He describes the reactions when patients, prevented from receiving drugs from the doctor because of the "one-mile-limit" rule, saw others collect their medicines from the surgery.

"While many are understanding and many just grizzle, there are some who say 'I'll have my tablets now or you'll hear more of it.'"

Dr Cargill says he would be glad to retire from dispensing if pharmacists could provide a 24-hour service, but this service would have to function all hours of every day in the year. His parting words—"And just to prove they are better men than me, and that pharmacy is more than counting pills, I hope that next time I prescribe a 50mg chlorpromazine suppository somebody will get out the pestle and mortar instead of ringing up to say 'They don't make them.'"

## Oxford counts 'throw-outs'

Oxford's two-week unwanted medicines campaign brought in 670 lb of drugs—8,060 lb when containers are counted. Tablets and capsules are estimated at 139,000, liquids 17.1 litres and there were 488 ampoules (20 of them heroin, and not from a doctor!). The "haul" included two sets of false teeth! Other unexpected finds were  $\frac{1}{2}$  lb dieldrin (banned years ago), snake bite serum, and tablets made by a factory Roche vacated in 1936. The final tally of cyanide was 10 bottles.

## USDAW at Preston asks Unichem to step up wages

Members of the Union of Shop Distributive and Allied Workers employed at Unichem's Preston depot are putting in an increase for wages.

The local official of USDAW, Mr R. Williams, claims that some of the 70 workers at the branch are earning as little as £16 a week which is far short of the pay in other distributive concerns in the area.

Unichem have replied to the demands of the union in an official statement which says: "It is important to point out that it was at our instigation that USDAW was invited into Unichem and in June this year an agreement officially recognising the union was signed. Staff at this particular depot have, in fact, received a total of three wage increases in just under a year and a fourth becomes effective from November 4, providing for substantial rises.

"These facts seemed to have escaped the attention of Mr Williams. To the best of our knowledge, employees are satisfied with the working conditions and have expressed these feelings at recent staff meetings".

It is understood the union is bidding for an increase of £10 for women workers and £21 for drivers.

Unichem emphasise that the problem is a local one which should be dealt with through the national office of the union. Unichem told *C&D* on Wednesday that Mr Williams would be invited to Unichem's head office and fully briefed on the actual scales applying at Preston—scales which "are more generous than his comments to the local Press indicated."



# Pharmacies 'not showing rota notices'

Some North London pharmacists involved in rota services are not displaying rota details in their pharmacies, a radio programme claimed last week.

On the BBC Radio 4 programme "You and Yours," Miss Virginia Berridge, of the Hampstead Consumers' Group, said the Group surveyed pharmacies in the North London areas of Hampstead and Golders Green. "It was very difficult to get information about which chemists were exactly open and even the chemists themselves didn't seem to have much idea about what their legal obligations were," she said. Of the nine pharmacies operating the rota service in Hampstead, the Group found that only five were displaying rota details, the other four giving no details at all. Of the pharmacies in the area not on the rota, none displayed rota details. Two out of six pharmacies on the Golders Green rota had notices.

The presenter, Mr W. Breckon, pointed out that there were a lot of pharmacies in North London staying open late and that may be why the rota system had fallen partly into misuse. "But there does seem to be a distinct lack of information for the public," he added.

He interviewed Mr J. Charlton, secretary Chemist Contractors Committee, who felt the findings were "exceptional".

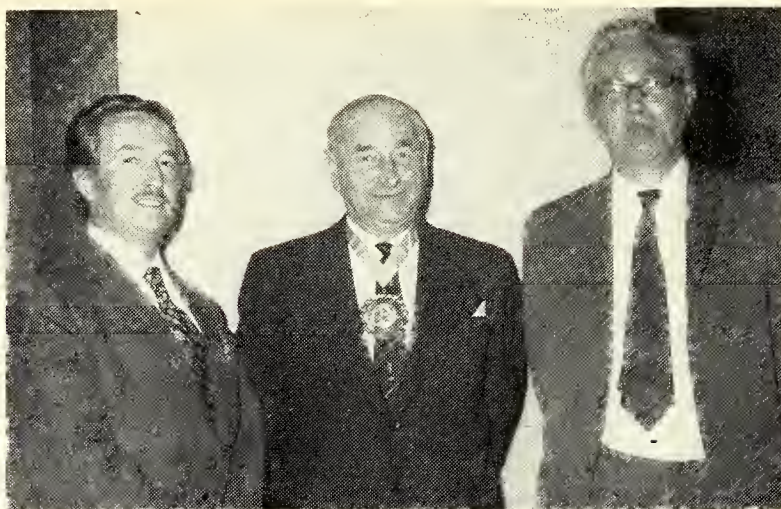
Asked about emergency dispensing, Mr Charlton said his Committee had advised the area contractors committees to provide such an emergency service, and pharmacies would normally display a notice giving a telephone number to contact. However, Miss Berridge claimed that 12 out of 19 pharmacies in Hampstead were not displaying notices and corresponding figures for other areas were: 14 out of 15 in West Hampstead, including the emergency pharmacy itself, and 3 out of 13 in Golders Green not displaying.

Mr Charlton felt that most pharmacies just did not think about the notices, and pointed out that the emergency dispensing system may not be practical in certain circumstances. Asked if he had any plans to remind pharmacists of their legal and moral responsibilities, Mr Charlton promised that the Committee would look at the situation again.

## Queen's speech

The Bill to create the National Enterprise Board and to provide for planning agreements is scheduled to be laid before Parliament prior to the Christmas recess. MPs were told in the Queen's speech. No specific mention was made of pharmaceuticals. There would also be amendment of the Trade Union and Labour Relations Bill, and another measure for the protection of employment.

Professor A. H. Beckett (left) was presented with the Hanbury Memorial Medal 1974 last week by Mr C. C. B. Stevens, the Society's president. On the right is Professor Sir Derek Barton, Hofmann professor of organic chemistry, Imperial College, and a Nobel prize-winner in 1969



## Steric studies important in explaining drug action

The importance of stereochemistry in drug action was stressed by Professor A. H. Beckett, head of the Department of Pharmacy, Chelsea College, University of London, in his Hanbury Memorial lecture last week.

Speaking on "The importance of three dimensions in biological action", he said that emphasis on steric influences in biological actions was leading to increased understanding of the reactions at enzyme reactive sites and at drug receptor sites.

Professor Beckett explained how the urine control technique had given useful information on the excretion of many compounds. Many drugs were partially ionised at physiological pH values. If the

drug or its main metabolite is eliminated from the body in the urine, fundamental studies of the rate and routes of metabolism in man or animals necessitated control of the subject's conditions if meaningful results were to be obtained.

For example, suitable kinetic data could not be obtained from urinary excretion results on amphetamine in man unless the pH was acidic to eliminate kidney tubular reabsorption. When the urine was controlled at pH 4.0 to 5.0 by oral administration of ammonium chloride, or another acidifying agent, there was a direct relationship between plasma concentration of a basic drug and urinary excretion rate, but not when the pH fluctuated as under normal conditions.

## Scottish devolution proposals: little effect on pharmacy

The Kilbrandon Committee's proposals for regional devolution were discussed by the Pharmaceutical Society's Scottish Executive at its recent October meeting.

Only one member considered that proposals as a whole would be to the detriment of pharmacy in Scotland. The general opinion was that the present degree of devolution in the Health Service was such that the new proposals would not have a great deal of effect in practice. Scheme A was most favoured by those members expressing an opinion, and a letter summarising the views would be sent to the Scottish Home and Health Department (SHHD).

Discussing the Government's "Equality for Women" white paper, the Executive felt implementation of the proposals would not have any great effect on pharmacy except that intakes into schools of pharmacy could in future consist almost entirely of women, whose entry qualifications were generally superior to those of male applicants. The effect of such a large increase in proportion of women was difficult to evaluate. Dr M. Dawson expressed surprise at the exemption of firms employing fewer than 10 people, which would exclude a large proportion of retail pharmacists.

The Executive was informed that the Secretary of State for Scotland had approved a National Consultative Committee under the NHS reorganisation as follows:— representing general practice: J. P. Bannerman, C. R. Blythe, A. Cowan, J. Grosset, D. C. Mair, S. M. Woods;

representing hospital practice: Miss J. E. Fleming, T. H. Furber, J. Gillespie, Miss E. A. Meikle, J. I. Thomson representing public limited companies; academic representatives: Professor W. Anderson, Dr D. Edwards, Professor A. R. Rogers; Dr J. Chilton, Pharmaceutical Society's resident secretary in Scotland; and M. M. McNeill, secretary, Pharmaceutical General Council (Scotland).

Other points discussed at the meeting included:

□ The SHHD proposed that pharmacies who did not wish to supply contraceptives under the NHS should not be required to do so as part of their contractual obligations. The Executive confirmed approval of such a clause.

□ Dr Chilton would approach the SHHD about the inclusion of the prescriber's telephone number on an NHS form.

□ A "favourable reply" had been received from the SHHD in response to the Executive's letter indicating that "Going abroad" posters could, with advantage, be displayed in pharmacies and pharmacists could keep a small stock of informative leaflets.

□ A pharmacy had been opened at Erskine New Town, replacing the former collection and delivery service, and a part-time pharmacy had been opened at Boddam near Peterhead where there was no pharmacy previously.

□ The 1975 annual weekend conference of the British Society for the History of Pharmacy would be held in Edinburgh.



# People

**Mr C. G. Drummond, FPS**, Bo'ness, West Lothian, has been elected president of the Scottish Society for the History of Medicine. The election was made at the annual meeting of that Society in Edinburgh on October 26 and it is the first time that a pharmacist has held that office. Mr Drummond has frequently contributed articles on pharmaceutical history to *C&D*. He is a member of the Pharmaceutical Society's Statutory Committee.

**Mr E. V. Thomas, FPS**, managing director of May & Baker Ltd, will be retiring at the end of the year after forty years with the company.

**Dr Karl-Heinz Rueckert**, managing director of Pharmaton Ltd, Lugano, has had confirmed on him a doctorate in pharmacy by the University of Seoul. The award is in recognition of Dr Rueckert's research work on the plant drug ginseng.

## Deaths

**Laird:** On October 22, Mr Thomas Charles Laird, BSc, MPS, 19 Milverton Road, Whitecraigs, Glasgow. Mr Laird qualified in 1955.

**Ramsay:** On October 19, Mr Kenneth Alan Ramsay, MPSNI, 6 Drumavoley Road, Ballycastle, co Antrim. After qualifying in 1942, Mr Ramsay joined his father's business in Ballycastle, taking it over after his father's death.

## News in brief

□ Three of six multiple sclerosis patients, who kept to a gluten-free diet for between 9 months-2 years, suffered severe setbacks, Dr E. M. Jellinek, Northern General Hospital, Edinburgh, reported in last week's *Lancet*. The other patients were said to be unchanged.

□ Venereal diseases no longer present a major hazard to health in the UK, says "Briefing No 1—venereal diseases," the first report in a new series from the Office of Health Economics. Since 1951, the recorded incidence of gonorrhoea has increased about two and a half times among men and about six times in women but the risk of serious morbidity is lower than ever before.

□ A series of experiments using single doses of simple analgesics in patients with rheumatoid arthritis at St Bartholomew's Hospital indicated that aspirin, Codis, and Distalgesic were the most effective with paracetamol, pentazocine, and Ciba 44,328 (a possible new analgesic) intermediate between them and a placebo, reported Dr E. C. Huskisson in last week's *British Medical Journal*. A placebo given after an active analgesic was more effective than when given before and the phenomenon was not abolished by telling the patient that apparently identical tablets

# Topical reflections

BY XRAYSER

## Philately

The purist will immediately point out that the word refers specifically to postage stamps and that to apply it to trading stamps would be wrong usage. Yet my dictionary tells me that the word is derived from love and tax-free, so you will see, if you look closely, that there is some justification for coining it for another purpose.

It must be considerably more than thirty years since a young, aggressive, thrusting sort of a man made efforts of the most persuasive kind to induce me to bait my commercial and my professional hooks with "trading" stamps. To me, the whole thing was so extraordinary that it took me some little time to find words which did not reflect disparagingly on his antecedents. But the most extraordinary feature was that he was offering, he asserted, to me and to all such small, privately-owned businesses, a means of combating the dividend offered by the Co-operative societies — that same "Co-op" which today seeks to go its own way by offering stamps, the same kind of stamps which owed their origin to the policy of the Co-operatives at that time. I pointed out to the persuasive young man that I did not consider the handing out of stamps suited to the dignity of pharmacy — or words to that effect — and he took his departure. Before long there was abundant evidence that he, at least, was prospering.

As I recollect the situation at that time, although the "Co-ops" gave dividend in their drug departments, they did not do so on medicines, which were surcharged so that dividend could be allowed on settlement. That was essential so that the provisions of resale price maintenance would not be breached, and since, by a decision of the Restrictive Practices Court in 1970, price maintenance still applies to medicines, despite its abolition in other fields, it seems to me that those who engage to sell medicines in drug departments are going to be involved in a very time-consuming operation in distinguishing between what, to use a word favoured in Government departments, "attracts" stamps and what, conversely, presumably repels them. For the manufacturers of proprietary medicines have not hesitated to go to the courts when there has been price-cutting of their products. In the case of trading stamps, it seems to me they would have no alternative.

## State service

The regional conference at Leeds debated the motion that "the future of the profession is in a State pharmaceutical service", and the motion found approval by 30 votes to 17. The first surprise was that pharmacy had reached a stage where such a proposition could be discussed at all. That suggests considerable discontent and frustration, in a professional sense at least. Mr J. P. Kerr, who opposed, said we should involve ourselves more with the patient and Mr D. M. Crossland made reference, in the event of nationalisation, to a monopolistic situation.

It seems to some that the danger is already there with no state intervention Dr T. G. Booth questioned satisfaction with the current admixture of commercial and professional activities. The profession is not satisfied, and seems desperately anxious, in some way, to change its direction. That, I think, was the message of the vote at Leeds.

were different by making them different in colour. The effectiveness of a soluble placebo depended on its colour with red being the most effective.

□ The British Pregnancy Advisory Service — a charitable trust — has called for a ban on "do-it-yourself" pregnancy testing kits and the licensing of all pregnancy testing

agencies, according to a report in last week's *General Practitioner*. The Trust has warned that chemical tests unsupported by clinical assessment can be misleading, and that some unscrupulous agencies use such tests for "disguising their true purpose of arranging abortions for profit."





# How would you like to wake up to me next Sunday morning?

"I'm the girl from this year's Sunbrella commercial. And if you look in on Sunday morning, 3rd November, at around 11.30 a.m., you'll be able to see a special preview of me in action.

This year, they're putting more money than ever into selling Sunbrellas. The commercial is going out nationwide.

That means over 19 million people will see the new range of Sunbrella sunglasses. Of course, they'll also see something of me, too.

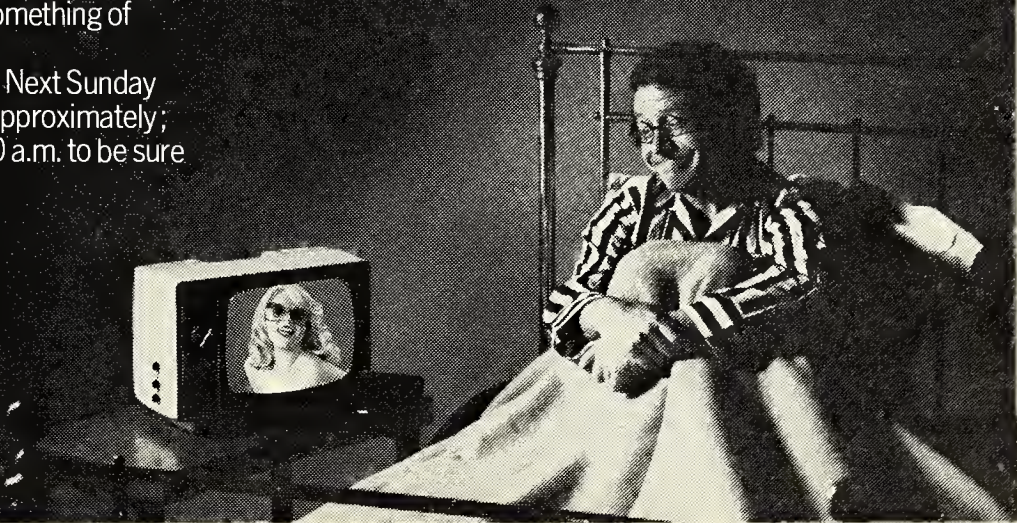
Don't forget. Next Sunday morning, 11.30 (approximately; switch on at 11.20 a.m. to be sure of seeing me).

When you've seen me you'll want to see more. Get in touch with Jacqueline."

**Sunbrellas**

**If you care how you look.**

Jacqueline Sales,  
Kitty Brewster Estate, Blyth,  
Northumberland NE24 4RG.  
Tel: Blyth 2596





# New products

## Babycare

### Tubby baby bath

Inter-Pharm Ltd have been appointed sole UK and Eire agents for Tubby baby bath (£2.84) by the makers, Todd-Edye Pty Ltd, New South Wales, Australia. The bath, suitable for babies up to six months, is inflatable and has a circular cushion to support the baby's back and shoulders. There is a flat central membrane which provides a suction grip on any smooth surface which stabilises the bath. The material from which the bath is made is said to be tough, resilient and non-porous and each one is supplied with a repair kit. British distribution is through Pioneer Agency Ltd, who are appointed selling agents in the UK (exclusive of Ulster) and there is a display outer holding 10 baths (Inter-Pharm Ltd, 21 Conduit Street, London W1).

## Cosmetics and toiletries

### A children's shampoo

Sanitas have introduced a shampoo to their Camberwick Green range of children's toiletries which depicts characters from the BBC television series in its packaging. The shampoo (£0.22) is in two variants, pink and blue, and has "flower seller Mrs Cobbit" on the girl's pack and "Sgt Major Grout" from Pippin Fort on the boy's. To launch the product the shampoos will include a free balloon overprinted with a Camberwick Green figure (Sanitas Group Sales Ltd, Sanitas House, Stockwell Green, London SW9 9JJ).

## Sundries

### For good grooming

Rocket of London are adding two items to their Good Grooming range which was launched earlier in the year. They are, a hoof stick (£0.12½), and manicure sticks in a bundle of five (£0.12½). Both come in attractive and easily identifiable packaging (Rocket of London Ltd, Imperial Way, Watford, Herts WD2 4XX).

## SHOPFITTING

### Security cabinet fitting service

Nelldorn Ltd are offering, for a limited period, a new fitting service for their drug security cabinets. A special standard fitting charge of £1.50 offers a saving to prospective buyers who would normally have to employ someone to install the cabinet for them. The saving in cost will be achieved by amalgamating fitting work in any one town or area. Orders must be received by the end of November. A time-table is available from M. A. Swaddle, BSc, MPS, at Nelldorn Ltd, 6 Lambardes, New Ash Green, Kent.



## Grocers get 60 cosmetics —exclusively

A 60-item range of cosmetics is to be launched exclusively in supermarkets in Britain by Noxell Corporation, North House, 46 North Street, Romford, Essex.

Under the name Cover Girl, the range is to include lipstick, nail polish, nail care products, eye make up and facial make up. Said to be "competitively priced", the products are aimed at 20-40 age group, and sales during a six-month test market in supermarkets are said to have averaged £50-£150 per store a week. The brand, specifically designed for sale in supermarkets, was launched in the USA 15 years ago and is now said to be one of the largest selling individual cosmetic brands there with sales exceeding £26m at rsp. Success is also claimed for the brand in Europe — 30-37 per cent of the total market in Switzerland.

Mr K. McGuinness, Noxell European marketing manager, told C&D that the company was capitalising on its US and European strength, and its experience was that the products extended the market without seriously hurting anybody. The average retail pharmacist did not have a great deal to worry about from the introduction, said Mr McGuinness, and he felt that none of the established brands would follow into supermarkets as they could not afford to turn their backs on the pharmacy sector.

## Prescription specialities

### ALU-CAP capsules

**Manufacturer** Riker Laboratories, PO box 27, 1 Morley Street, Loughborough, Leics  
**Description** Opaque green/orange hard gelatin capsule size OO, each containing dried aluminium hydroxide gel 475mg as a white powder

**Indications** For phosphate binding in management of renal failure. Symptomatic relief of gastric hyperacidity

**Contraindications** Hypophosphataemia

**Dosage** For phosphate binding — Adults and children, 4-20 capsules daily. As antacid — Adults, 1 four times daily and on retiring. Not suitable for antacid therapy in children

**Precautions** Serum phosphate levels should be monitored. Concomitant administration may result in reduced absorption of certain antibiotics eg tetracyclines

**Side effects** May cause constipation

**Packs** 100 capsules (£1.35, trade)

**Issued** October, 1974

### TEGRETOL syrup

**Manufacturer** Geigy Pharmaceuticals, Macclesfield, Ches SK10 2LY

**Description** White, caramel-flavoured syrup containing equivalent of carbamazepine 100mg in 5ml

**Indications etc** As for other Tegretol products

**Dosage** Children—up to 1 year, 5-10ml daily; 1-5 years, 10-20ml daily; 5-10 years, 20-30ml daily; 10-15 years, 30-50ml daily for epilepsy. Adult doses and doses for trigeminal neuralgia as for Tegretol tablets

**Storage** Protect from heat. Keep containers tightly closed

**Dispensing diluent** Equal parts with 1 per cent hydroxyethyl cellulose in water

**Packs** 300ml bottle (£2.38 trade)

**Supply restrictions** Interim prescription only

**Issued** November, 1974

### AQUADRATE cream

**Manufacturer** Eaton Laboratories, division of Morton-Norwich Laboratories Ltd, 125 High Holborn, London WC1V 6QX

**Description** Translucent, non-greasy white cream containing urea 10 per cent in a powder-in-cream base. Polysaccharide matrix on which urea adsorbed is dispersed in slightly oily medium which imparts a self-occlusive property. The preparation therefore has functions of ointment and cream. Does not contain lanolin, parabens or preservatives likely to sensitise the skin

**Indications** Ichthyosis, xeroderma, hyperkeratosis and other chronic dry skin conditions; steroid-induced acneiform rosacea

**Method of use** Wash affected areas well and apply liberally as required. Occlusive dressings may be used but are usually unnecessary

**Packs** 100g jar (£1.65, trade)

**Issued** November, 1974

### SYNERGEL

**Manufacturer** Biotherax Ltd, Denmark House, Old Bath Road, Twyford, Reading, Berks

**Description** White gel with orange colour and flavour, containing a gel of aluminium phosphate 6.71g in 10ml and a gel of pectin and agar agar

**Indications** Dyspepsia, gastritis, oesophagitis, gastric and duodenal ulcer, heartburn in pregnancy, hiatus hernia, hyperacidity, flatulence

**Dosage** Adults—1 sachet two or three times daily, diluted in water if required.

Children—½ sachet per 24 hours for each 10lb body weight, in divided doses

**Storage** In a cool, dry place

**Packs** 25 sachets (£1.04, trade)

**Issued** November, 1974

**Notes** The antacid gel is a micellar colloid with a high absorptive capacity. It has a neutral pH (6.5-7) and acts as an insoluble buffer in the pH range of the gastric contents. The other gel is a molecular colloid which protects the walls of the digestive tract.



# A Three Minute Commercial for Bonjela

*½ minute**1 minute**1½ minutes**2 minutes**2½ minutes**3 minutes*

Try this simple test.

Next time a customer walks in with a mouth ulcer or sore gums or a teething baby recommend Bonjela. And watch.

In 75% of cases Bonjela relieves pain in the mouth within 3 minutes(1).

That's why we call it the three minute smile.

That's why more and more people are recommending Bonjela.

Join them. Stock and display Bonjela.

And have a few more smiling customers. Bonjela.

The  
3-minute  
smile



References: 1. Weg, MH (1965)  
*Journal New Jersey Dental Society* 37, 169.

Full prescribing information is available from: Lloyds Pharmaceuticals Ltd.  
A member of Reckitt & Colman Pharmaceutical Division, Hull.

Product Licence No. 0107/5002.



# Trade News

## Remington Christmas promotion

A £200,000 advertising campaign is being launched by Sperry electric shaver division, Sperry Rand Ltd, Apex Tower, Malden Road, New Malden, Surrey, to capture the pre-Christmas "shopping boom".

Advertisements featuring Remington electric shavers will appear in the national Press — *Daily Mirror*, *Daily Record*, *Daily Express*, *Daily Mail*, and *Sun*, plus London evening papers and television programme journals. These will be supported by television and radio commercials.

The Lady Remington shavers will be featured in the London evening papers and women's magazines including *Vogue*, *She*, *Nova* and *Cosmopolitan*. And the Remington personal care range will be featured in the nationals plus men's magazines.

## Aquafresh, a 'success'

Aquafresh toothpaste has gained a 13 per cent share of the toothpaste market, according to an independent consumer audit taken September 21. Beecham Proprietaries, Beecham House, Brentford, Middlesex, are to continue their advertising support they have given the product since its national launch nine weeks ago. In addition, 10 million homes in the UK will receive a voucher offering 3p-off the next purchase of a standard, large or the new economy size Aquafresh plus a chance to win £20,000 worth of prizes.

## Novelty soaps

M & R Norton Ltd, 155 Merton Road, London SW18, are featuring the Alice in Wonderland and Peter Pan picture soaps in cartons of three, together with a Penguin story book (£0.82). They are also featuring Barbar the elephant in both the soap (£0.29) and a vinyl toy containing powder bubble bath (£0.82). Soap models of Laurel and Hardy (£0.59) are also now available.

## Falcon power hold spray

Beecham Proprietaries, Beecham House, Brentford, Middlesex, have introduced Falcon power hold men's hairspray. This new spray is a variant of the original Falcon normal hold, launched last July.

Like normal hold, power hold is greaseless, and was designed for the group who want the same lasting qualities of control but in a much stronger form.

Power hold has the same black Falcon "uniform" and comes in the same sizes (120g £0.33½; 200g £0.46) but has the falcon symbol in silver.

## LP from Kleenex

Kimberly-Clark Ltd, Larkfield, Maidstone, Kent, are currently offering with Kleenex toilet tissue a 12in LP record featuring artists such as Tony Bennett



The showcard giving details of the "win a car" competition organised by Philips Electrical Ltd, electrical appliance division, Century House, Shaftesbury Avenue, London WC2 8AS (last week, p583, C&D).

and Johnny Cash. Customers may obtain a copy of the record in exchange for £0.75 and three wrappers from the four colours of toilet tissue available. The offer is open until June 27, 1975.

## Christmas packs

Two attractive Christmas packs are being featured by Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB, for Ingram Gilt Edge shaving foam and Black Knight men's hairspray. Both products are in cartons depicting winter scenes.

## Tom Caxton pre-Christmas campaign

Reckitt & Colman, food division, Carrow, Norwich, are spending £90,000 on television advertising for Tom Caxton to "maximise" the existing Christmas peak for home brew beer sales—25 per cent of Tom Caxton's annual sales are said to occur in the months of November and December. The campaign is to have two parts, each lasting 3-4 weeks, the first starting this week and the second on December 2. There is to be a new 15-second commercial in addition to 30-second spots.

## Carriage charge increased

Polaroid (UK) Ltd, Ashley Road, St Albans, Herts, have announced that from November 1 the minimum carriage paid order will increase to £27.00. On orders less than this amount a handling and delivery charge of £2 will be made.

## May be delayed

Due to a shortage of raw materials, deliveries of Rybarvin, Rybarex and Rybar inhaler may be delayed during the next few months, say Rybar Laboratories Ltd, Maidenhead, Berks.

## Sunglass commercial preview

Chemists are being invited this weekend to watch a special preview of a sunglass commercial scheduled to appear on tele-

vision next summer, advertising the Sunbrella range of sunglasses.

Over 12,000 invitations have been mailed to chemists advising them of the 45-second television spot, which is to appear on Sunday morning, November 3, and coincides with the launch by Jacqueline Sales division, Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland, of the 1975 range of Sunbrella sunglasses.

## Radox on television

A national television campaign featuring Radox salts and Liquid Radox has been launched by Nicholas Laboratories Ltd, 225 Bath Road, Slough, Bucks. To back the television advertising the products will also appear in the Press during November.

## Copholco bonus

A mailing to all general practitioners and selected specialists is being sent by Radiol Chemicals Ltd, Stepfield, Witham, Essex CM8 3A6, for the recently acquired Copholco & Copholocoids. Representatives are offering the chemist a bonus of 14 to the dozen on Copholco. All orders should be placed through wholesalers.

## Bonus offers

Typharm Ltd, 45 East Street, Blandford Forum, Dorset. Veracur gel, 10 invoiced as 9 (throughout November).

## on TV next week

Ln — London; M — Midland; Lc — Lancashire  
Y — Yorkshire; Sc — Scotland; WW — Wales  
and West; So — South; NE — North-east;  
A — Anglia; U — Ulster; We — Westward;  
B — Border; G — Grampian; E — Eireann;  
CI — Channel Islands.

**Alberto Balsam shampoo & conditioner:** All except B

**Andrex:** All areas

**Aquafresh:** All areas

**Complan:** All areas

**Cutex:** Ln, M, G, Y, WW

**Fisherman's Friend lozenges:** Ln, Sc, So, NE, A

**Flair perfume:** All areas

**Freshmint:** All areas

**Glaxo-Farley foods:** Ln, Lc, Y, NE, G, WW, So, A, M

**Grecian 2000:** Ln, M, Lc, Sc, So, NE, A, B, G, CI

**Khadine perfume:** All areas

**Marlgold household gloves:** All except Sc, We, B

**Max Factor Shimmering Creme Puff:** All areas

**Maybelline Great Shadow:** All except U

**Oil of Ulay:** All except Y, NE

**Old Spice:** All areas

**Philips Ladyshave:** M, WW, So, A, We

**Q-Tips:** All areas

**Radox salts and liquid:** All areas

**Sea Jade:** All areas

**Tom Caxton home brew:** All except Sc, U, E

**Us hairspray:** All areas

**Vaseline Intensive Care lotion:** All areas

**Wind Song perfume:** Ln, So, Y, NE, M, Sc, G



# Go stock a ZUBE



## MASSIVE TV CAMPAIGN ALL WINTER THROUGH

The small screen has a big reputation for selling on sight. And Zubes will have plenty of screening—regularly all through Winter, starting in November.

## NEW COLOURFUL PACKS

Attractive and convenient to use, more attractive and easier to display.

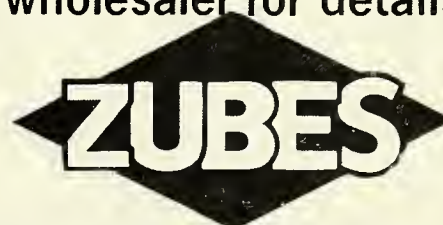
## 2 POPULAR FLAVOURS

The very popular Original Flavour plus a new Honey & Lemon Flavour.

## NEW EYE-CATCHING COUNTER DISPENSERS

Hard-working, fast selling from a minimum of counter space.

There's never been a better time to sell ZUBES. Ask your wholesaler for details.



Roberts Laboratories Ltd.,  
Burnden Road, Bolton.





# *We're ready for the coughs and colds – are you?*

May & Baker Ltd are ready to help you build up your stocks of cough and cold preparations for the cough season – now!

Don't wait for epidemics to coincide with supply problems. Take advantage of our 10 for the price of 9 bonus offer to ensure your profits for the winter. With larger orders your M&B representative will be prepared to arrange special, very favourable terms.

Full information is available on request.

'Tixylix' and 'Phenergan' are trade marks of May & Baker Ltd Dagenham Essex RM10 7XS.

These you will surely need –

'Phenergan' Compound expectorant linctus.

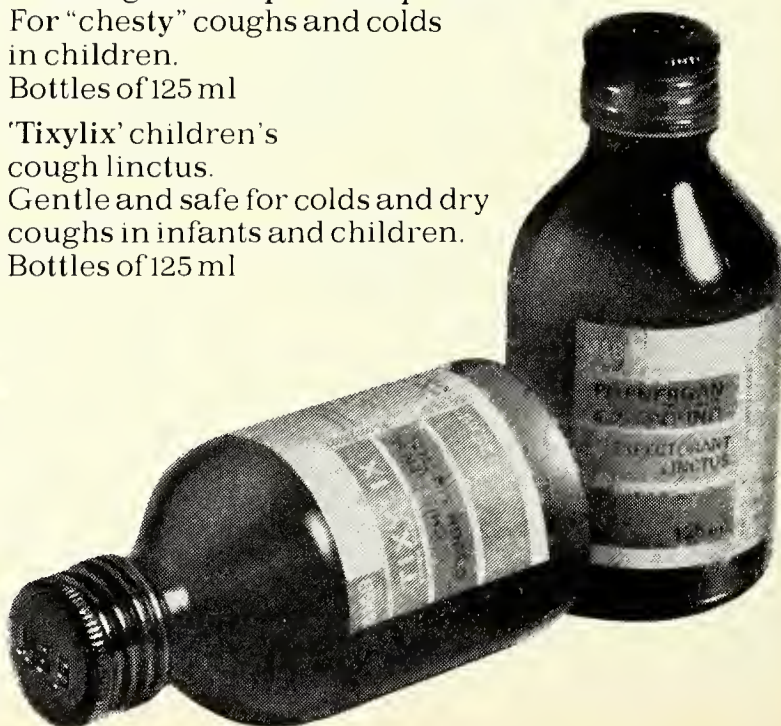
For "chesty" coughs and colds in children.



Bottles of 125 ml

'Tixylix' children's cough linctus.

Gentle and safe for colds and dry coughs in infants and children.

Bottles of 125 ml



 **M&B** May & Baker A member of the Rhône-Poulenc Group of Companies 

*Be prepared for coughs  
and colds with  
M & B's antitussives*



# A drug approach to influenza

## Coughs & Colds

by J. S. Lyons, Professional services department, Geigy Pharmaceuticals

*"Some people are so sensitive, they feel snubbed if an epidemic overlooks them": Frank Hubbard (1868-1930).*

This astute comment seems to portray accurately the situation prevailing most winters when those who have just returned after being off work for a few days recount, with a certain air of superiority, that they have been "off with flu." No wonder we lesser mortals feel slighted at having somehow missed out on what would be an interesting, albeit short-lived, conversation piece.

Possibly of further annoyance in such a situation is that all too frequently these loud declarations in reality refer to nothing more than a comparatively mild rhinovirus infection rather than an influenza virus infection. Consequently, the following comments on influenza and the influenza virus will, it is hoped, prove to be of comfort to those who once again may feel that they have been overlooked, should an epidemic of influenza appear this coming winter.

Characteristically, influenza is a pyrexial illness with the temperature usually rising briskly to a peak followed by a fall on the second day of the illness; probably levelling to normality by the third or fourth day of illness, though pyrexia can persist for five days or more. In addition to the high temperature and profuse sweating, the dominant symptoms complained of will usually be a severe headache, aching limbs, insomnia and possibly a severe cough.

When there is a sharp increase in the incidence in the number of patients complaining of these symptoms, the doctor usually has little difficulty in recognising the presence of an influenza outbreak in his locality, and a post-nasal swab culture will usually confirm the initial diagnosis of an influenza virus infection.

### Three antigen types

The causative virus is a rounded particle resembling the outer spiked case of a horse chestnut. The central core of the virus particle contains the ribonucleoprotein antigen which determines whether the influenza virus is type A, B or C.

On the outer surface are two further antigens; the enzyme neuraminidase and the spikes of the protein haemagglutinin. These two antigens, but particularly haemagglutinin, figure significantly in the changes in character in the virus, both marked and slight, which occurs from time to time. They trigger corresponding "mirror" antibodies in the host which in turn neutralise the infection.

What is the recent history of the influenza virus? It was in 1953 that an expert panel recommended the classification of the influenza into types A, B or C on the basis of the ribonucleoprotein antigen. However, of these three groups the A group has consistently been the most troublesome to man due to the antigenic drifts or changes which have occurred, primarily in the protein haemagglutinin.

Unfortunately, when such changes occur in the antigen, the "mirror" or specific antibody no longer matches, so that the circulating antibodies, which in any case only have a comparatively short life, may give at best only minimal protection.

Thus in 1957 the prevailing A influenza virus was Asian, or as it was typed A<sub>2</sub> (H<sub>2</sub> N<sub>2</sub> or haemagglutinin-2 and neuraminidase-2). However, a new strain emerged in 1968 with a totally new haemagglutinin antigen (H<sub>3</sub>), although the neuraminidase antigen remained unchanged. This replaced the Asian flu and became known as the Hong Kong influenza subtype—classified A/HK/68(H<sub>3</sub> N<sub>2</sub>).

In addition to these fundamental changes, we have in recent years also observed more moderate changes in the virus. These changes, known as antigenic drifts, are more

like half brothers to the previous virus, rather than first cousins as is the case with antigenic changes.

The first significant drift from the Hong Kong virus became known as "English flu", which was isolated in 1972. Much more recent, however, has been the appearance and subsequent classification of a further drift from the Hong Kong lineage. This virus was isolated in Port Chalmers and so has been designated A/Port Chalmers/73. It has largely replaced the English strain and will doubtless hold the stage this winter.

This ability to change the antigenic characteristic in a hostile environment has up to now been mainly the prerogative of the A influenza group. Recent events now indicate, however, that the B group of the influenza virus is also capable of moderate variations.

In 1972 a new influenza B virus was isolated in Hong Kong. This has since been classified B/Hong Kong/5/72 and is important because it shows, it is said, the biggest change in the haemagglutinin antigen of the B virus in 30 years. In addition, an outbreak of B virus influenza at a North of England school in the autumn of 1973, has since been shown to be due to an intermediate between the old strain and the new B/HK/5/72 variant.

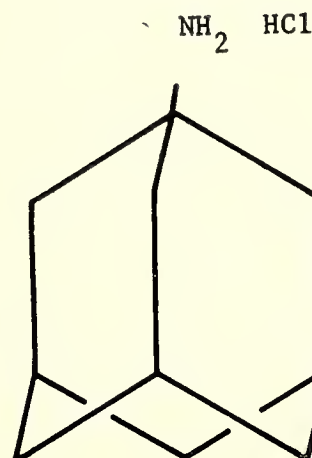
Whether these changes are a cause for some anxiety or not is difficult to say. Up to now, clinically, the B virus range has attracted less interest than the A group because they usually present a more mild form of influenza, though the symptoms can closely resemble those of the A-type infection. They also tend to peak in the spring rather than winter. On the other hand several subtypes of the B virus can co-exist whereas one A subtype appears to replace the previously prevailing A subtype.

It can be appreciated, therefore, that such changes can pose considerable problems to the vaccine manufacturers, as they constantly endeavour to produce a vaccine which contains the most up to date antigens of both the A and B groups of influenza virus.

Taking into account these and other difficulties associated with influenza vaccination, it is not surprising that alternatives to vaccines are constantly being sought. Happily, in the field of influenza, research has proved rewarding.

In 1964 W. L. Davies *et al* reported in *Science* that amantadine, an amine of unusual symmetrical structure, was effective against A<sub>2</sub> influenza viruses in tissue cultures and in mice. Since then, a considerable amount of clinical evidence

*Continued on p624*



**Amantadine**



## Amantadine

Continued from p 623

# Coughs & Colds

has accumulated and has confirmed that amantadine is effective both as a treatment and as a prophylaxis against the A<sub>3</sub> influenza virus.

Amantadine, which has since been marketed in the United Kingdom by Geigy Pharmaceuticals as Symmetrel, appears to act by inhibiting an early stage of virus replication.

The Achilles heel of the virus is that, unlike bacteria, it is only able to reproduce by penetrating susceptible host cells and utilising the energy of the cell's metabolism. Once within the cell, the virus particle first splits its protein coat, enveloping the nucleic acid core. Then by harnessing cell metabolism, viral replication proceeds.

It is thought that amantadine is able to break this cycle of replication at two stages. First, it may prevent the virus from latching on to and entering the host cell, and secondly it is thought that it also prevents the splitting of the protein coat of the virus, thereby obstructing a further step towards complete viral replication.

Because adequate blood levels of amantadine can be achieved within a matter of four to six hours following the initial ingestion, treatment with amantadine can be delayed until it is actually needed.

In clinical terms this means that amantadine is of value both as a prophylactic and as a treatment, for it rapidly confers a high level of protection during an epidemic and will also rapidly resolve the symptoms of influenza in patients exhibiting infection.

Therapy with amantadine has to be maintained for as long as chemoprophylaxis is thought necessary. Nevertheless, as the drug does not interfere with the normal antibody mechanism, given as a prophylactic it does at least provide a degree of protection when it is most needed—prior to or during the development of an adequate antibody response to the appropriate A influenza virus.

Unfortunately, amantadine is not active against the B influenza virus group. However, for some time now investigation has been carried out on the isoquinoline group of compounds, and both animal and volunteer studies indicate a useful degree of activity against the B virus group.

As has been shown with amantadine, chemoprophylaxis against the virus can equate effectiveness with good tolerance, which augurs well for the future.



Figure 1

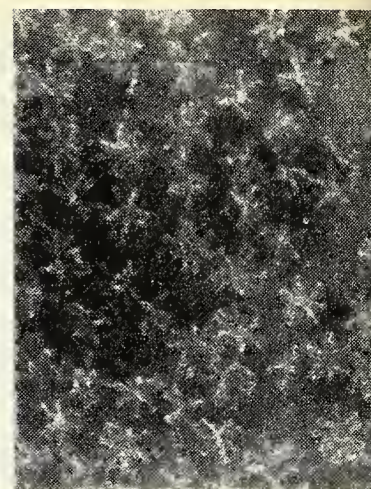


Figure 2

## Antigen as vaccine

The efficiency of influenza vaccines is limited by the nature of the influenza virus and its ability to rapidly change its antigenic properties. Major flu epidemics occur when antigens on the virus surface change radically so that whole populations have no immunity to them.

Figure 1 shows particles of the influenza virus A/Port Chalmers/1/73. The surface antigens appear as a fringe of tiny spikes around a central core, as described in the previous article (p 623). When these antigens change, the individual must produce new antibodies in order to be resistant.

At the World Influenza Centre, London, both glycoproteins have been isolated and preparations of haemagglutinin have been used as experimental vaccines. Figure 2 shows purified haemagglutinin antigen, the "spikes" have fallen off the particle and stick together in a rosette formation.

By isolating the antigen, only that part of the virus relevant to the immunity production need be injected, instead of the whole virus particle.

Dr S. G. Schild, who is carrying out this type of work at the Centre, says that the severe pandemics of influenza, which occur at infrequent and usually unpredictable intervals, are associated with influenza A virus. Epidemics caused by influenza B virus are less frequent and less widespread. Worldwide surveillance methods are being developed to enable early detection of new antigenic variants. (Figures courtesy of World Influenza Centre)

## Why Disprin found room for improvement

To the retail pharmacist, it must sometimes appear that manufacturers only feel confident of selling their products while the packs carry a "new version" label — even if it's merely the label that's new! But why does an established — almost "generic" — proprietary medicine like Disprin need this treatment? C&D put the question to Reckitt & Colman Disprin brand manager, Paul Stott.

First he pointed out that it was a *major* change, the most important since Disprin was introduced in 1948 and the fruit of a long period of development work in the laboratories and of careful analysis of consumer attitudes. "For some time we had believed that there was a possibility of reducing the time taken by the tablets to disperse in water. Additionally, it was felt that the taste of the product could be improved."

In new Disprin the dispersal time has been reduced by half, achieved by lowering the amount of excipient and presenting the resulting tablet (still 300mg aspirin strength), in a slimmer, more elegant form. There is a reduction of powder left on the surface of the water and R&C know from research that the taste is preferred.

The Medicines Commission committee report on safe packaging of drugs (which came out long after the decision was made to market individually packaged tablets) coincided nicely with the launch campaign. And pharmacists will also

appreciate the associated reduction in the number of different pack sizes — from six to four in the adult range and two to one for Junior Disprin.

The most important considerations were consumer convenience and the need for comparable price structures with a range of pack sizes specifically attuned to established consumer purchasing habits, says Mr Stott.

"We planned that the packs of 8 and 24 would be for general sale, thus providing a trial pack and a normal usage pack, both for less than 20p. The 48's and 96's are available to chronic sufferers and those who buy in bulk for economy reasons, and the 96 pack in particular is, of course, a chemist-only size. The introduction of a 24-tablet pack of Junior Disprin to replace the 20 and 48 is a sensible measure, because it is not a chronic user market, calling for big packs."

How has new Disprin been relaunched? "To begin with, we had to reconsider the pack design and we eventually decided to show the tablets dissolving in the traditional roundel on the front of the packs. A 'new' flash in red was added to increase the colour impact and additionally we incorporated the 'faster dissolving' claim. For presentation to the trade a special briefcase has been devised containing sales material and facilities for sampling old and new Disprin.

"On television, a 30-second advertisement showing the old and new tablets as they disperse side by side has been devised. Matched with the powerful claim 'Ready to drink in half the time' the commercial demonstrates the speed advantage in the context of headaches, backaches and flu symptom — 'the same powerful relief but is it ready faster'."



# WINTER'S BEST SELLERS



Joined this year by important Mac newcomers — Night-nurse and Honey-Lem lozenges — Beecham winter remedies are again backed by massive TV and press support, again set to top the sales league. They're the brands customers will ask for most. To profit fully from demand, use the displays and show you stock the winter remedies.

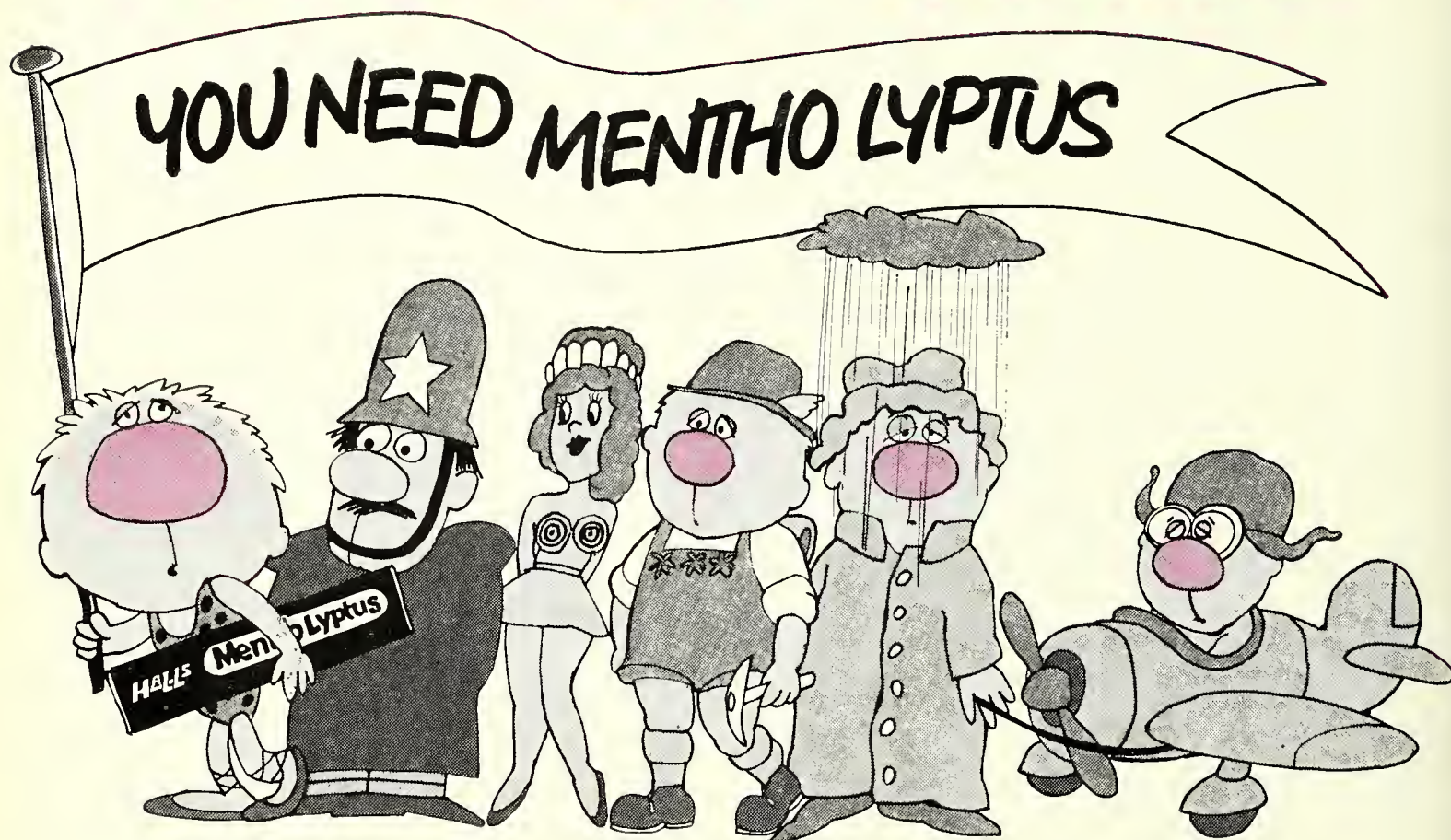
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**BEECHAM  
HOME  
MEDICINES**

*-best sellers all round*



# Follow the leader!



Now's the time to get behind Mentho Lyptus. It's already the leader among cough and cold sweets, and growing far faster than the rest of the market.

One big reason for Mentho Lyptus' success is its highly original TV advertising, featuring the little cartoon man with the perennial cold.

And this year, we'll be screening five different commercials in our heaviest ever TV campaign.

Another reason why Mentho Lyptus is such a big seller is its range of five soothing flavours: Original, Honey and Lemon, Liquorice and Aniseed, Blackcurrant, and Extra Strong.

And research shows that the bigger the range stocked, the greater the sales and the bigger the profits.

Special bonus prices will be available from your wholesaler or cash-and-carry during the next few weeks, and our chemists sales force will be calling to give you full details.

So stock up on the full range now, and follow the leader – all the way to the bank!





# Cough: its mechanism and management

by June A. Bolton, BPharm, MPS, Manager, medical services, Parke, Davis & Co

Cough is a reflex which follows irritation of the mucous membrane innervated by glosso-pharyngeal and vagus nerves. The source of the irritation may be pharyngeal, laryngeal or tracheal inflammation; tumours or foreign bodies. Cough is sometimes an allergic manifestation, and smoking is another well-known cause. And, finally, cough may be the result of habit, as much as a twitching eyelid or facial grimace.

The mechanism of cough involves deep inspiration, after which the glottis is closed and intrathoracic pressure is increased. The glottis suddenly opens and contraction of the intercostal, abdominal and diaphragm muscles forces air at high velocity through the air passages. Since the glottis is open, the soft palate closes off the nasopharynx and any material expelled from the respiratory tract enters the mouth.

Cough may be classified as "useful" when the tussive effort brings up secretions, helping to clear the respiratory tract. It is termed "useless" when secretions are absent or not sufficiently mobile to be coughed up. In certain weak or debilitated individuals, cough may be unproductive merely through insufficient force of coughing. The effectiveness of cough therefore depends on the viscosity of respiratory secretions and the force of the expulsive effort. While an explosive cough is sometimes necessary, it can very occasionally cause trauma to the vocal cords or fracture of a rib.

Understanding the mechanism of a patient's cough is important for proper therapy. Control of coughing is usually desirable, for it has been demonstrated that coughing can disseminate infectious material into pulmonary areas previously not affected. When the cough is dry, control is necessary to prevent a vicious circle of increased irritation and unrestrained coughing.

## General measures

A number of general measures are useful in the therapy of cough. The atmosphere in the environment should be moist, moderately warm, and free of dust, smoke and irritating fumes. Humidified air usually soothes the impulse to cough and decreases viscosity of the sputum, whereas hot air may provoke coughing.

Volatile oils, such as menthol, oil of eucalyptus, tincture of benzoin and oil of turpentine have been used as inhalants to increase bronchial secretions. Cough preparations usually consist of a mixture of several medicaments.

## Demulcents

The demulcent action of the syrup, glycerin, honey and menthol present in many "ethical" cough preparations produces soothing of the irritated mucous membranes and, together with the local anaesthetic properties of antihistamines, decreases the impulse to cough.

## Expectorants

Expectorants (Latin *expectorare*, "to drive from the chest") may be indicated when tenacious viscid or purulent secretions are present in the bronchial tree and cough is persistent because the tussive effort is insufficient to dislodge these secretions. Expectorants are said to accomplish their purpose by thinning and decreasing the tenacity of secretions, thereby converting an exhausting and non-productive cough into a productive one.

Commonly used expectorant drugs include ammonium chloride and ipecacuanha. Ammonium chloride is said to be useful in the "tight cough" accompanied by scanty or tenacious sputum, a type often observed in acute or subacute inflammation of the upper respiratory tract. This agent acts

on the stomach to produce a reflex increase in respiratory tract secretions. Guaiphenesin, having a similar action, is incorporated in some proprietary cough preparations. Mucolytics, such as bromhexine also "thin" the sputum and render it less viscid.

## Antitussives

Antitussives, or cough suppressants, inhibit the cough reflex mainly, if not entirely, by inhibition of the passage of stimuli through the co-ordinating areas in the medulla oblongata. A number are available:—

*Certain narcotic drugs*, many of which have been used for over a century, eg morphine, codeine, pholcodine. In man a 15mg oral dose of codeine (a dose analgesically ineffective) is generally considered adequate for antitussive purposes and is well absorbed after administration by mouth. The commonest side effects are constipation, nausea, vomiting, dizziness and drowsiness, but these are less common than with morphine.

*The dextromethorphan group*, eg dextromethorphan hydrobromide and noscapine. In this group are classified antitussive drugs which are related chemically to the narcotics but which have been found free or relatively free of narcotic addicting properties. The antitussive activity of dextromethorphan hydrobromide is approximately equivalent to that of the same dose of codeine. It has no expectorant activity. Its toxicity is quite low, but extremely high doses may produce respiratory depression. The only side effect of noscapine is occasional nausea.

*Some antihistamines*, including diphenhydramine hydrochloride, have been found to have antitussive properties in animals and man. Not infrequently, coughs following colds or those associated with bronchial asthma have an allergic background. Cough mixtures that include antihistaminic drugs in their formula may be of benefit. Diphenhydramine not only prevents histamine-induced bronchial constriction, but also exerts a bronchodilator activity.

Most of the known antihistamines exert some degree of local anaesthetic action. The side effect with the highest incidence and the one common to all histamine antagonists, is sedation. This effect is especially valuable at night to enable the patient to secure adequate rest.

Antitussives may be prescribed alone or, if indicated, in combination with expectorants and bronchodilators. There is some justification for including apparently antagonistic drugs (antitussive and expectorant) in one formulation as cough suppressants tend to dry bronchial secretions and reduce their mobility, and an expectorant will keep these secretions moist and therefore mobile.

## Nasal decongestants

Congestion of the nasal mucosa is caused by infection, inflammation, allergy or emotional upset. Adrenergic agents, including ephedrine, phenylephrine, phenylpropanolamine and pseudoephedrine, are most commonly used as vasoconstrictors for the symptomatic relief of nasal congestion.

Pseudoephedrine has a similar action but is said to have less pressor activity than ephedrine. Sympathomimetic agents are contra-indicated in patients being treated with monoamine oxidase inhibitors or within two weeks of stopping such treatment. Caution may be necessary in patients with cardiovascular disease.

Widely differing opinions are held about the value of cough preparations. However, the high level of usage in the UK of "ethical" proprietary cough preparations must surely be some indication that the patient obtains symptomatic relief from this acutely distressing condition.



# // Dristan sales rocket 524%! //

Are you getting your share?

**Fact 1** In Year One of DRISTAN Tablets' big new promotion, this ICC cold-reliever achieved the *biggest growth rate* of any chemist-only brand launched in this period.

**Fact 2** Every sales target has been smashed – despite a mild winter.

**Fact 3** Chemists stocking DRISTAN Tablets are profiting up to 37.22% on return – more than 14p per packet at best terms! And sales are still climbing up and away.

**Fact 4** DRISTAN will be supported by powerful and proven large space national advertising right through the coming colds season.

## What to do about it

**1 Order NOW** ... in good time ... it looks like a hard winter ahead. So don't be caught short.

**2 Display** the dummy DRISTAN pack with crowner or showcard. And the sales-triggering sticker. Then watch sales soar.

## This winter it's Dristan Tablets

They reach deep to relieve the miseries of a cold



## Coughs & Colds

### Tissue sales beat the paper shortage

1974 is expected to be a "record year" for paper tissue sales. Despite paper shortages and loss of production earlier in the year, the sales were worth £19.5m at RSP during the past 12 months, 18 per cent more than the corresponding period a year ago, and are expected to exceed £20m by the end of the year (compared with only £1m in 1957). Manufacturers estimate that paper tissues are now bought by 70 per cent of all households.

This dynamic growth over a relatively short period can be attributed to two factors: the increase in the use of tissues as a handkerchief substitute—illustrated by the rapid growth of the mansize tissue sector and, more recently, introduction of menthol-encapsulated tissues—and the newer emphasis on tissues as part of beauty routine.

The two major manufacturers of paper tissues—Bewater-Scott Corporation Ltd, and Kimberly-Clark Ltd—both claim that their success and the growth of the market result from their policies of product development and innovation: they research into what the customer needs, then develop the products to suit those needs.

The paper tissue market grew from the traditional coughs and colds sector, tissues being regarded as a more hygienic substitute for handkerchiefs. Kleenex tissues were first manufactured in the UK in the early '50s. Research at the time indicated that consumers were, above all, looking for strength as well as softness from their tissues. It was felt by the public that in this aspect paper tissues could not compete with conventional handkerchiefs.

### Mansize strength

To satisfy this need, therefore, Kimberly-Clark introduced a "wet-strength" tissue, Kleenex for Men, in 1957. Launched with the slogan "Big strong tissues for a mansize blow," and "best for colds" on-pack, it was highly successful and has become the brand leader in a sector of the market which now accounts for 51 per cent of tissue sales. It is of note that whilst the majority of Kleenex lines were first introduced in the US, Kleenex for Men was an innovation of the UK company and has since met with success in the US.

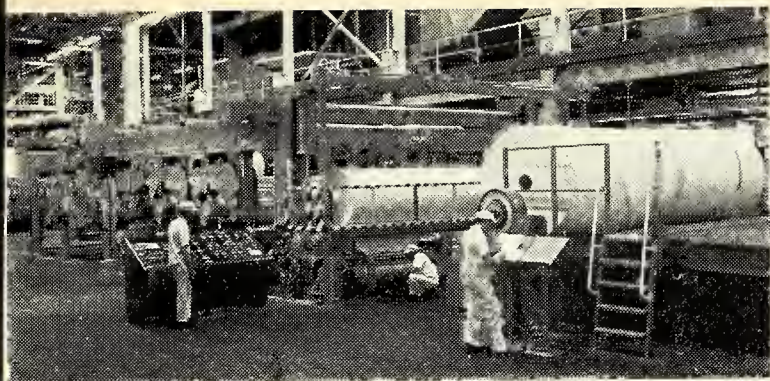
Their success with this product, say Kimberly-Clark, has been partly due to the heavy and consistent advertising support they give it. Full-page colour advertisements in women's magazines which show Kleenex for Men in various "in-use" situations and with headlines that play on the product name—Kleenex For Strong Men, Kleenex For WoMen in Love—run for at least five months in the year, with this season's sales boost about to begin.

Mansize Scotties emphasise the same "wet-strength" quality essential for promoting the product as a handkerchief substitute. Bewater-Scott claim that their product is a fast-growing brand in the sector with a 12 per cent share of the market—an increase of 11 per cent over last year.

Independent Chemist Marketing Ltd produce Hanx mansize tissues, a two-ply tissue containing 100 sheets per pack. They state that Hanx, the 150-pack Nu-Soft white, and Variety, are their leading volume sellers. Hanx and Nu-Soft, they say, are the leading brands in independent pharmacies claiming 95 per cent plus of total distribution and holding 40 per cent of the independent pharmacy market. ICML promote these brands every eight weeks throughout the year by consumer money-off promotions, holiday competitions, plus chemist incentives such as bonus terms for bulk ordering, and window and merchandising competitions.

Although only 3½ per cent of the market, pocket handkerchiefs sit firmly in the coughs and colds sector—marketed in single or multi-packs, they are ideal for handbag or pocket. Handy Andies, claim Bewater-Scott, dominate this





Kimberly-Clark Prudhoe mill, Northumberland.

sector with a 75 per cent brand share. Independent Chemists Marketing Ltd produce pocket packs of 10 in two-ply tissue, and packs of 16 in three-ply tissue in white pink, blue and yellow—both are among their volume best sellers.

A newer sector of the tissue market is that of impregnated or encapsulated tissues. Menthalin, from Reckitt & Colman Products Ltd, was introduced in 1972. Launched as a "decongestant handkerchief of non-woven fabric with menthol, eucalyptus and camphor micro-encapsulated into the fibres" they stressed that they were handkerchiefs rather than tissues, and because they were primarily a cold-relief product they were in competition with nasal inhalers and decongestants rather than other tissue brands.

However, last year saw a departure from the initial product "image". The makers promoted the product as a "breath of freshness" and the TV commercials showed how Menthalin got rid of a "clogged up" feeling—in a stuffy train, a crowded bus. But experience has shown that the product's real strength is in the colds area. Reckitt & Colman feel that because it is a premium-price product (£0.18½), the price should be justified by emphasising its cold-relief properties.

Earlier this year the packaging was improved. The makers are planning Press advertising in the *Daily Express*, *Daily Mail*, *Sunday Mirror*, *Radio Times* and *Woman's Own*, until Christmas. With the theme "When you've got a cold you need much more than an ordinary handkerchief" they stress that Menthalin is stronger than an ordinary tissue, lasts longer, is softer and more hygienic than a handkerchief.

Reckitt & Colman estimate that the total inhalant decongestant market is worth about £4m at manufacturer's selling price. They feel they have achieved "reasonable sales" for a product in the pharmaceutical sector but agree that a competitive product would help to get the concept (of impregnated tissues) moving. They estimate that about 65 per cent of their sales are through chemists and most of these are during the "coughs and colds" period.

Another product that stresses it is a disposable handkerchief rather than a paper tissue is Hygi-hankies introduced last year by Undercover International Ltd. There are two products in the range—Blowers, a mansize handkerchief, and Sniffers, menthol-encapsulated handkerchiefs. Blowers are large, white, non-woven handkerchiefs printed with a blue border. Strong enough to last all day like a conventional handkerchief, they are disposable, eliminating the need for laundering. The product has been successfully test-marketed and the makers are looking forward to making an "impact" nationally this winter. Sniffers and Blowers come in pocket-packs of seven.

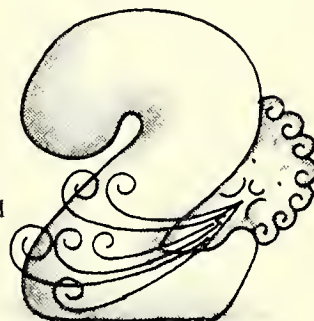
### Potential for expansion

Much could be said about the rise in importance of tissues as part of a beauty routine—even to the point of becoming a fashion accessory. With this success behind them, manufacturers are optimistic for the future—despite current economic difficulties. Mike Fann, marketing manager, Kimberly-Clark Ltd, comments: "Market growth should be aided by the easing of the pulp supply position as new pulp mills come on stream in Scandinavia and North America, and as advances in paper technology may make possible the production of pulp from tropical trees as well as the conifers of the temperate regions." Per capita consumption of all paper in the UK is only about half that of the USA, and with consumers discovering an ever widening number of uses for paper tissues the market is likely to remain buoyant.

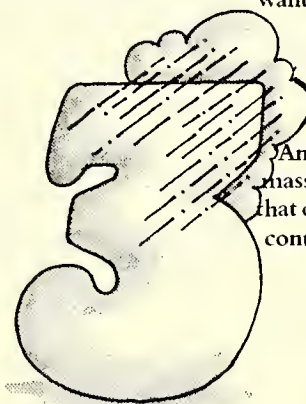
# COLD FACTS



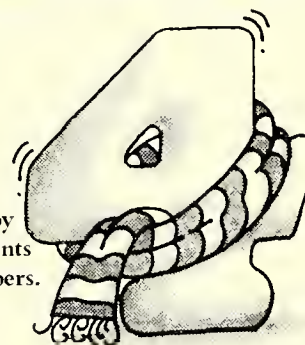
'Anadin' is the Brand Leader of analgesics. It sells more than any other.



'Anadin' is medically accepted as an effective analgesic and antipyretic. It's what the public want.



'Anadin' is being backed with a massive television and radio campaign that covers 95% of the population and continues all through the colds season.



'Anadin' is being supported by 250 separate advertisements in all the leading newspapers.

Four cold facts that say just one thing:—

If you're after top profits and quick turnover, then put your buying power behind 'Anadin' in the colds and 'flu season.

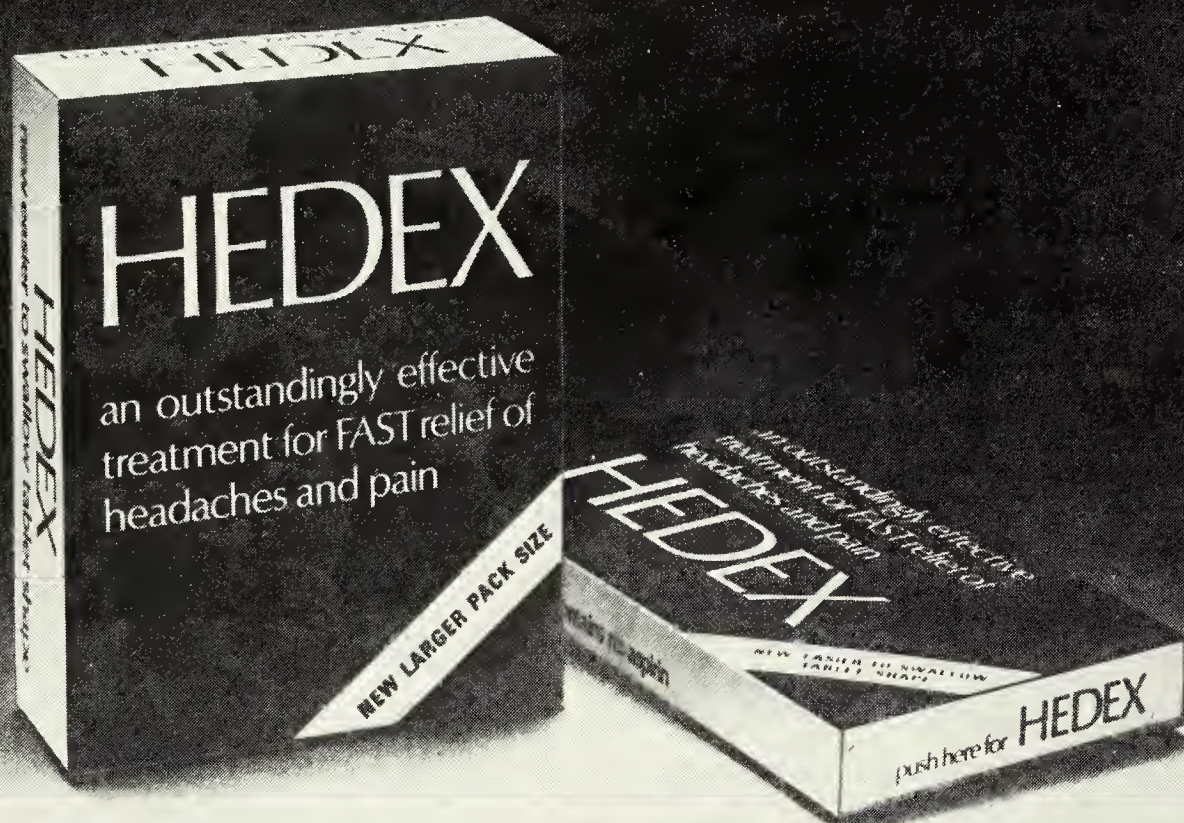
For details of the sales aids available, get in touch with your I.C.C. Representative. He'll show you how to maximise your profits with great displays and special dispensing packs.



**NOTHING SELLS FASTER THAN ANADIN.**



# 36% more painless profit!



36% ... that's how much chemists sales of  
Hedex soared in 1973 alone.

This year, they're growing even faster!  
Make sure you get your share of the painless  
profit. Stock and display prominently ...  
Hedex, consistently the chemist trade's fastest  
growing brand of painkiller.

**SterlingHealth**

Family Medicines You Can Trust





Display material for Coldrex in the form of wire baskets specially designed for chemists by Sterling Health.

### Sterling Health confidence

"Coldrex is the brand from which we are expecting great things this coming year" say Sterling Health Products. Last season sales increased by 34 per cent following substantial Press and television advertising. This winter, to continue the growth trend, Sterling Health will be mounting the biggest television advertising campaign for Coldrex for many years. The advertising will be directed at the consumer in a forceful way — "Coldrex's unique formula gives a more comprehensive and specialised relief than aspirin". To support the chemist, the manufacturers are backing up their television advertising with promotional material. Lemon and blackcurrant Coldrex, and Coldrex nasal spray, complete the range.

Sterling Health will also be heavily promoting their other major cold treatment product, Hedex. Although sales of analgesics last winter tended to be sluggish, Hedex continued to gain an increasing share of the market and is claimed to be the fastest growing analgesic. Marketed as effective, quick relief from pain, the company believe it is particularly suited to promotion during the cold and 'flu season. A large scale television advertising campaign starts this month and it will also be featured in the national Press and magazines.

## Coughs & Colds

### Filling the gap

Missing from independent chemist's shelves this winter will be the bottles of mixtures and tablets bearing their own name — but manufactured by Arthur H. Cox & Co Ltd, Brighton. Cox blame the ending of this long-established part of their business on the production costs burden added by Medicines Act licences and manufacturing control restrictions, on inflation, and on the activities of the Price Commission.

However, Cox are not leaving the chemist with a gap on the shelf because their new "proprietary" range bearing the company's own name includes a wide selection of cough and cold remedies. The list includes antitussive linctus, bronchial balsam, bronchial mixture (extra strong), catarrh and bronchial syrup, children's cherry-flavoured cough syrup, Effer-C (vitamin C tablets, 1g), nasal spray, pain relief tablets, Tyroco throat lozenges.

### Fisherman's Friend on television

Lofthouse Chemical Products Ltd, Copse Road, Industrial Estate, Fleetwood, FY7 7LP, report that sales of their Fisherman's Friend lozenges have again this year broken all records. This support by stockists is being backed by extensive television and Press advertising which has just started. Television covers Southern, Anglia, Scottish, Tyne Tees and Thames areas.

A great improvement in sales of Fisherman's Friend cough linctus has been noticed since the pack was changed — the bottle is now in open trays, shrink-wrapped, which enables them to be seen but remain clean and secure. The rubbing ointment in the same range is being featured in Press advertising with the linctus.

## AFTER 100 YEARS WE FOUND A WAY TO IMPROVE OWBRIDGE'S.

When dealing with a product that grannies have sworn by for more than a century, even the smallest change needs to be carefully considered.

So it is not without trepidation that we introduce the Owbridge's box.

A small enough improvement perhaps, but one we feel confident will make Owbridge's a little easier to store and shelve.

And to help make Owbridge's a little easier to sell, we shall be running a consumer advertising campaign this autumn.

There'll be some tasteful advertisements reassuring the readers of many women's and general interest periodicals of the time honoured benefits of Owbridge's.

One of the features of Owbridge's we've decided to leave well alone is our generous trade bonus terms.

Your Chefaro representative will be pleased to give you full details.





# The original

**SURE SHIELD**  
IODISED  
THROAT LOZENGES

*now available  
in a new pack*

**SURE SHIELD**  
IODISED  
THROAT LOZENGES



**Thos. Guest & Co. Ltd.**

Carruthers Street, Manchester M4 7HX  
Telephone: 061 205 2975

# Coughs & Colds

## Sales?—it depends on what you stock

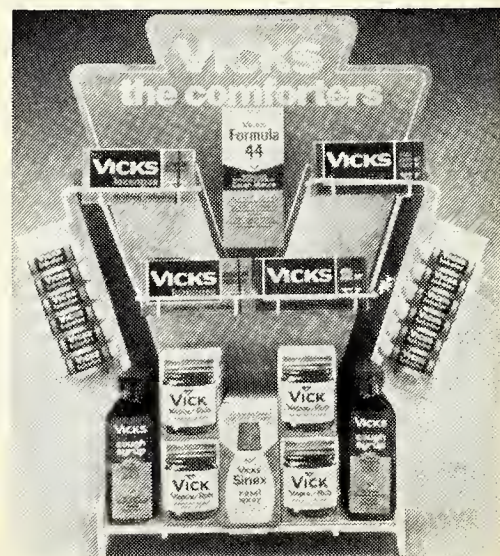
Many independent chemists fail to take advantage of the backing they receive from leading manufacturers in the cough and cold treatment market, according to Mr Peter Nottingham, group product manager, Richardson Merrell. The fault lies in a combination of over-stocking (particularly of poorly promoted brands), stocking too wide a selection, and giving insufficient support to advertised brands whose main sales strength is through chemists.

However, Mr Nottingham has the satisfaction of knowing that his Vicks range has overcome the "chemist problem," a breakthrough achieved by a careful sales policy implemented by a good sales force and backed by incentive schemes for the chemist. Representatives are cautioned not to over-stock their customers, so that the Vicks brand are seen to be fast-moving—"Some cough and cold manufacturers put in an 8-month stock on attractive bonus terms at the beginning of the season and then leave the chemist to get rid of it as best he can, often without advertising support. You can see the stock still on the shelves in May." The chemist with money tied up in this way obviously has little room to invest more heavily later on in the brands that are moving—which explains Mr Nottingham's concern. But he also attacks the manufacturer who woos the retailer with details of advertising campaigns which look good on paper but have no depth. "Beware those offering a single insertion in half a dozen publications—a campaign costing perhaps £30,000 against our expenditure of £350,000 this season on Sinex alone."

Vicks' claimed success is backed by independent audits. For example, last season in the January/February period 28 per cent of independent chemists were displaying the "corporate" unit and 35 per cent the Sinex unit—the latter such a high proportion that even the market research organisation was at first incredulous.

Looking to an even better season in 1974/75, Vicks have a new display stand which now incorporates Sinex and Formula 44 (a dummy to prevent self-selection) with a second row of inhalers substituting for the Lipwick on last season's stand. The chemists' display "incentive" this year is book tokens—these are collected on each representative call if the stand is in use, and are saved on cards which are given with tokens and a Churchill Crown when the chemist agrees to take the stand at the start of the season.

The £350,000 Sinex campaign on television started in October and will run until March, covering 95 per cent of homes with an average frequency of eighteen times over the twenty-two weeks. Vicks' Praims, launched recently after a highly successful test market in the north of England, has a £120,000 television campaign running through to February. In all, the Vicks brands will be backed by an expenditure of over £700,000—an impressive total for a range selling predominantly through chemists!



The latest  
Vicks stand



# 21% more cold comfort for profit lovers.



21%. That's how much COLDREX sales went up in Chemists in the prime colds and flu season last year – and that's a very healthy profit increase for those retailers who stocked it.

This year, profits could be up even more. Extensive TV advertising plus display material means that more cold sufferers will be appreciating the effectiveness of COLDREX.

Profits up – with COLDREX.

Stock it this autumn and winter.

**COLDREX**

**SterlingHealth**

Family Medicines You Can Trust



# This'll make your customers cough up



Pulmo Bailly will be piling on sales support, right through the coughs and colds season.

Top-scoring posters at football and rugby grounds up and down the country—seen by millions on TV, as well as on the terraces.

Plus powerful Press coverage, in the leading national daily and Sunday papers—as well as in regional papers and TV magazines.

It's a winning combination!

So stock up now, for the season... and be ready for a dazzling display of profit, as your customers 'cough up' for Pulmo Bailly.

Bengue & Company Ltd,  
Mount Pleasant, Alperton, Wembley, Middx HA0 1TX.

## Coughs & Colds

### Zubes kill off that 'horse'

For many, many years that "Tishy"-type horse has been the image of Zubes—the cough and sore throat remedies, long sold on the slogan "Hoarse? Go suck a Zube!" The obvious link with the animal needs no explanation but, in today's modern marketing atmosphere, is such a tenuous link with a little-used symptom justified? Roberts Laboratories, makers of Zubes, have, since their acquisition by Paterson Zachonis, carried out considerable research into consumer attitudes to this leading brand. Surprising factors emerged which not only encouraged the marketing division to implement their proposals, the factors positively demanded changes.

Few of the consumers interviewed made any reference to the horse at all and yet they all remembered "Go suck a Zube." The word "hoarse" was regarded as old-fashioned and not used in today's language. "Sore throats" were regarded as the description most likely to be used of this condition, a factor borne out by medical research into the most frequent winter complaint in the doctor's surgery!

The depth research carried out amongst both consumers and non-consumers of Zubes was fascinating reading: "A warm, soothing, comforting product," "old-fashioned (in the nicest way)," "well established," were among the praises. But there were other factors which were not as encouraging "the tin can be embarrassing especially when it rattles" (in pocket or handbag), "the product is not advertised," and "it's not always available."

Obviously some action was necessary, action which John Churchill, the new marketing director of Roberts, had already begun planning. The packaging, whilst acceptable by regular users of Zubes, was regarded by potential new users as "a little old-fashioned." The result is that new carton packaging has been designed (last week, p 583) which not only retains the image of the old Zubes tin, but has moved the product into today's marketing scene. Eye-catching, easy-to-display counter dispensers have also been designed.

Advertising and availability were in the hands of the marketing division. In the November to March period Zubes will be advertised with a memorable commercial (not a horse to be seen!) on eight major stations, at a rate putting Roberts amongst the big spenders in the medicated confectionery market. Availability rests with retailers—big bonus terms are offered during the pre-television period and with television backing sales should be assured, say Roberts.



Counter displays  
of original and  
honey and lemon  
Zubes in their  
'new look.'

### Cabdrivers in Press

Last year, Cabdrivers linctus was advertised in the national Press for the first time and Ford Jackson & Co (Sales) Ltd, Thorpe Arch Trading Estate, Wetherby, Yorks LS23 7BJ, report that both the adult and junior versions were in greater demand than ever before.

More insertions are to be taken this season, the media being *Daily Mirror*, *News of the World*, *Sunday Mirror*, *Sunday People*, *The Sun*, *Woman's Own*, *Woman and Home*, *Woman's Weekly*, *Woman and Woman's Realm*.



**If it's going  
to be  
another of  
those  
WINTERS!!**



## **COX will see you through**



With their new proprietary range, Cox's are ready to supply you with the products that meet the demand created by winter ailments — coughs, colds, sore throats, rheumatic pain. Also products that help ward off infections: Effer-C, Vitaminised Iron and Yeast Tablets etc. Thirty product lines now in packs specifically designed to create consumer awareness — and fast turnover for you.

*SPECIAL BONUS: '14 for 12' offered on minimum order of 3 dozen per item on the following:  
COLD DISCS, EFFER-C, PAIN RELIEF TABLETS, (24's), TYROCO THROAT LOZENGES*

**ARTHUR H COX & CO LTD 93 LEWES ROAD BRIGHTON BN2 3QJ**

TELEPHONE 0273-63084



# FISHERMAN'S FRIEND

THROAT & CHEST LOZENGES

THE EXTRA STRONG ONE



IN ATTRACTIVE DISPLAY OUTERS OF 20 PACKETS

LOFTHOUSE CHEMICAL PRODUCTS FLEETWOOD  
Tel. Fleetwood 2435

## Coughs & Colds

### Beecham move further into chemist-only

With the national launch of their new Mac Night-nurse already under way, Beecham Proprietaries are preparing another chemist-only Mac brand in the coughs and colds sector this season. "Coming soon", it will be a specific for night time congestion which is thought to be the biggest problem for cold sufferers. "This one too is going national on the strength of consumer research" and will have £100,000 of television support.

The same expenditure on "winter television" will back the national launch of Night-nurse after two seasons of test-marketing. A liquid remedy treating the normal feverish symptoms of cold and 'flu, Night-nurse also uses antitussive and decongestant medication while promoting restful sleep — a combination which may well take over from the pioneering of the hot lemon treatments, it is believed.

A third Mac entrant is the new Honey-lem lozenge companion to Mac lozenges, the launch programme for which brings total television backing for the Mac name well above the £300,000 mark this winter. All this activity for Mac reflects the importance of winter with its crop of colds and coughs plus fears of 'flu after last winter's relatively good health season, say Beecham.

The Beecham's Powders brand-leading range is getting some £500,000 of support. The "+ hot lemon" powders get over half the £400,000 national television expenditure, with a separate campaign and strong new films preaching the lemon treatment message. Beecham's Powders have a similar

# You won't catch a cold with these on your shelves.



We're running the same strong ads we ran last winter.

Result? Famel sales were up 7%\*, when all other nationally advertised brands were down 8%\*.

(And that was a mild winter for cough syrup sales.)

Better still, we're planning to put more money behind our ads this time.

So, you could say, we've got an even more powerful formula than ever before.



\*Figures based on an independent survey.



national television promotion to themselves, while powers, tablets and + hot lemon share a winter-long national newspaper campaign.

Veno's is not left out. Cough remedies have been booming and Veno's, supported by the success of its honey and lemon packs, took brand leadership last season, according to Beecham. This time a £150,000 television campaign using

new films to back the "for all the family" slogan, is expected to boost Veno's to new heights.

With other Beecham brands such as Phensic, Fynnon, Settlers and Germolene all getting seasonal boosts for winter use, Beecham feel set for a "big winter". But they need chemist support — "letting your customers see you have their favourite remedies" said John Longden, Beecham marketing manager for the winter cough and cold remedies, "is just as important to your business as our advertising".

### Famel plans

Last winter, overall sales of cough syrups were down on the previous year, but Famel sales were up by 7 per cent. A new advertising campaign was introduced for this period which, together with a distinctive display material, contributed to the success—other nationally advertised brands lost sales, say Keldon Ltd, Wadsworth Road, Perivale, Middlesex.

This winter Famel will be continuing their advertising and plan to spend even more money. Advertisements will appear in *News of the World*, *Daily Mirror*, *Sun*, *Glasgow Sunday Post*, *Weekend* and *Reveille*. Children's linctus and honey and lemon have campaigns in women's magazines.



### Sales doubled

Sales of the Mentho Lyptus range have more than doubled during the last three years and this success story now makes Halls the fastest growing brand in the medicated sweets market, say Hudnut Ltd. Eastleigh, Hants. Product manager Drayton Porter believes the increase in sales is mainly due to two factors, advertising and the introduction of flavours — honey and lemon, liquorice and aniseed, blackcurrant and, last year the extra strong pack. "These new flavours now make up over half of our total sales," he says.

The other major contributory factor has been the successful television campaign. "The broad aim of the advertising was to improve brand awareness and to offer the Mentho Lyptus range as the answer to all cough and cold ailments. To get this over effectively, we used a likeable cartoon character to enact the various symptoms — for example a clothes peg on the nose for a stuffed up nose, weight on the head for a heavy head, and so on". Last autumn's television advertising comprised three 30-second commercials. This year there will be two more 15-second commercials which will again feature the cartoon character.

To tie in with the new commercials Halls are producing special back cards featuring the familiar cartoon character. These will be slotted in to the Mentho Lyptus outers as a constant reminder to consumers during the winter months.

Combining pain-relieving and decongestant agents, Emprazil is suitable for adults and children and comes in easy-to-carry wallets of 12 tablets (also bottles of 100) from Wellcome consumer division, Crewe Hall, Crewe, Ches. Wellcome report a 100 per cent increase in sales of Actifed Compound linctus in the past 12 months.



## In the cold war, we throw in everything...



#### BRONCHIAL BALSAM

Thick and strong. Suitable for counter prescribing.  
100ml. bottle  
Trade: £1.68 doz.  
Retail: 23p. ea.  
200ml. bottle  
Trade: £2.64 doz.  
Retail: 36p. ea.

#### JUNIOR BALSAM

For children. Has the physical characteristics of BRONCHIAL BALSAM.  
100ml. bottle  
Trade: £1.68 doz.  
Retail: 23p. ea.

#### ORANGE AND HALIBUT VITAMINS

Vitamins A, D, C, in an orange flavoured chewable tablet.  
100 tablet pack  
Trade: £3.00 doz.  
Retail: 48p. ea.

#### DAY-VITS

All the daily vitamins in a one-a-day tablet.  
30 tablet pack  
Trade: £2.76 doz.  
Retail: 41p. ea.

#### NOCOLD TABLETS

(foil wrapped) Analgesic, antipyretic, decongestant with caffeine and Vitamin C.  
12 tablet pack  
Trade: £1.44 doz.  
Retail: 24p. ea.

\*All trade prices exclusive V.A.T. Retail prices inclusive V.A.T.



Available from your BARCLAY representative or direct from: BARCLAY PHARMACEUTICALS, Lakeside Laboratories, Rawden, Leeds LS19 7YA.

# KIRBY

PHARMACEUTICALS

H & T KIRBY & COMPANY LIMITED, Mildenhall, Suffolk, Telephone: Mildenhall 713227.



# Coughs & Colds

## Brightest campaign

"The brightest and most colourful Press campaign ever launched for Haliborange tablets is promised by Allen and Hanburys Ltd, Bethnal Green, London E2 6LA. The theme for the black-and-white campaign is "Take Haliborange tablets and take winter as it comes" and over 112 million copies of the advertisement will be published between October and February. Media are *Daily Mirror*, *Daily Mail*, *Daily Express*, *The Sun*, *Glasgow Daily Record*, *Belfast Telegraph*, *People's Journal*, *Thomson's Weekly News*, *New Reveille*, and *Radio Times*.

The colour campaign — "Your family need more than love and warmth to see them through the cold season" — combines one and one-and-a-half page spaces in magazines including *Woman*, *Woman's Own*, *Woman's Weekly*, *Woman's Realm*, *Woman and Home*, *Reader's Digest*, *TV Times*, *Good Housekeeping*, *Titbits*, *Annabel*, *My Weekly*, *People's Friend* and *TV Life*. Haliborange and Dequadin lozenges are both on bonus offer and point of sale units are available.

## Updated pack

Owbridge's cough mixture, now packaged in a white, red and black carton, will be advertised to the public in a series of 50 half-page black-and-white insertions in *Woman*, *Woman's Own*, *Woman's Realm*, *Woman's Weekly*, *TV Times*, *Weekend* and *Titbits*. The campaign, which runs until the end of the year, has as its theme "For mothers who suffer from children's coughs" ("a few drops soothe a coughing child at night").

Chefaro Proprietaries Ltd, Crown House, Morden, Surrey, are offering a retail bonus in the form of three parcels. Parcel A, with 36 each small and large, is at 10 per cent discount plus 13 invoiced as 12 (price equivalent); parcel B, with 72 small and 36 large, is less 12½ per cent plus 13 for 12; parcel C, with 72 each size, or 108 small and 36 large, is less 15 per cent plus 13 for 12.

## In women's magazines

The recently repackaged Sure Shield iodised throat lozenges will be advertised in women's magazines throughout the winter, say Thomas Guest & Co Ltd, Carruthers Street, Manchester M47 HX. There will also be football ground posters.

## Two success stories

Anadin, brand leader in the analgesic market, will again be one of the fastest selling remedies for colds and 'flu this winter, say International Chemical Co Ltd, 11 Chenies Street, London WC1E 7ET. The brand is claimed to be backed by one of the most extensive winter advertising campaigns in the market — the television campaign, 600 spots across all stations, will give 95 per cent of the population 12 opportunities to see. In the Press there will be up to 250 individual advertisements, in the national dailies and in the provincial newspapers and leading magazines.



New formula Dristan tablets, launched nationally in September 1973, have made outstanding progress. Sales targets have been passed in every month since their introduction and a leading research organisation reports that the brand has established a market share of nearly 6 per cent.

**Dristan showcard.**

May & Baker Ltd, Dagenham, Essex, offer Phenergan Compound and Tixylix at favourable terms until the end of February 1975. Pharmacists can purchase ten 125-ml bottles priced as nine or obtain higher quantity terms through representatives.



Dristan is supported by powerful advertising in the national Press right through the cold season and into the summer. The advertisement, which will run from November to March, demonstrates how Dristan treats all the miseries of a cold from "runny nose" to "headache and thick catarrh". Dristan nasal mist sales have also boomed and are running at almost three times the previous level.

## Concentrating on the regions

Regions in which Pulmo Bailly sells most strongly will benefit from the main emphasis of this season's advertising. Although using national daily and Sunday newspapers, the campaign will concentrate heavily in the regional Press (including TV magazines) and there will be posters at football grounds seen on television. Bengué & Co Ltd, Mount Pleasant, Alperton, Wembley, Middlesex, are currently researching the consumer profile of a Pulmo Bailly purchaser so that the campaign can be directed even more accurately.

## New commercial

A new television commercial for Lem-sip — the first change since the launch — spearheads a winter campaign which is being developed creatively to emphasise efficacy of the range against headache, stuffy nose and ticklish cough. In the Press, women's magazines and *TV Times* will carry colour advertisements during November and December offering a free trial of one standard Lem-sip and two Cough Lem-sip (unlike last year's trial offer, the customer will not have to pay even postage).

Cough Lem-sip has a November TV burst and is so far keeping up last season's good sales record, but throughout 1974 standard and junior have been doing even better than in 1973, say salesmen. This is despite 1973 being a very good year for the brand, with an epidemic running into the early months.

## Maintaining growth

Mucron tablets, which International Laboratories Ltd, Lincoln Way, Windmill Road, Sunbury-on-Thames, Middlesex TW16 7HN, aim basically at the after-cold catarrh and sinus market, will again be heavily advertised in all national leading newspapers, say the makers. Mucron liquid will occupy its own particular section in all the Mucron advertisements.

International Laboratories claim that recent launches of competitive products in the same sector have not stopped Mucron's growth, which has been maintained at about 10-15 per cent. They report that ample stocks are available, either through wholesalers or direct — at 12½ per cent off trade price if ordered on the company's monthly bonus mailings.

## Through pharmacies

Thomas Kerfoot & Co Ltd, Vale of Bardsley, Ashley-under-Lyne, Lancs OL7 9RR, say they are continually increasing the sales of the Vapex family product as a result of intensive marketing exclusively through retail pharmacists. In spite of component shortages putting the company at a considerable disadvantage they have maintained sufficient stocks for the winter programme. Shrink wrapped units of ten forms the standard packaging as before, a limited number of counter display units are available on request.



*It's going to be the same old tale  
this winter...common sore throats!  
That means a big demand for  
'Tyrozets,' so stock up early this year.  
Get your order in now!*

# Tyrozets<sup>®</sup> Autumn Bonus

A 'Pharmacy only' product.  
Each 'Tyrozets' Lozenge contains  
1 mg tyrothricin and 5 mg benzocaine BP.  
® denotes registered trademark.



Merck Sharp & Dohme Limited, Hoddesdon, Hertfordshire



# Professional News

Pharmaceutical Society of Northern Ireland

## Lady president elected for the first time

Mrs Cora B. A. Watson was unanimously elected president of the Pharmaceutical Society of Northern Ireland at the Society's October Council meeting.

Proposing her election, Mr T. A. Gray, the out-going president, said he was confident Mrs Watson would have the support of every member and that she would be an excellent president. She would be following in the footsteps of her father, the late Charles Abernethy, who was for many years a member of Council and was president 1944-45. Mrs Watson said she was naturally proud to be the first lady president and would do her utmost to carry out her duties efficiently.

Mr T. G. Eakin was elected vice-president and Mr J. A. Boyle, treasurer.

Mr Hunter congratulated Mr Gray on the manner he had conducted the business of the Council during the year and expressed the Council's pleasure that he had been recently promoted by his company.

Reports from the Finance, Education and Law Committees were adopted. The Education Committee's report recommended that two applications for registration as students be granted, bringing the totals registered since July to 16.

A report on a meeting of the United Kingdom EEC Group was received. Mr T. G. Eakin also gave an account of a meeting held in London, which he had attended with Mr D. S. Stewart, Armagh, to consider the distribution of veterinary medicines. They had made certain suggestions on the basis that the situation in Northern Ireland differed from that in Great Britain. Time did not permit their suggestions to be considered in detail but it was hoped that another meeting with officials of the Medicines Commission would afford such an opportunity. Professor P. F. D'Arcy reported on the recent FIP Conference in Rome.

Messrs Corry and Henderson were re-appointed auditors and Messrs Cleaver, Fulton and Rankin solicitors.

### Emergency fund cheque

The secretary reported that he had received from Mr C. S. Ritchie a cheque for £1,000 from the Chemists' Mutual Insurance Company Ltd for the Northern Ireland Chemists' Emergency Fund. Over the past three years grants from the fund had been made to pharmacists whose premises were damaged in the civil disturbances. Little money remained in the fund but the generous assistance received would allow the committee to offer help on a larger scale.

The secretary also reported that the Benevolent Fund had received a legacy of £100 from the estate of the late Mr J. A. McRoberts, who in former years carried on a pharmacy at 71 Ormeau Road, Belfast. The sum of £88.57 had

been donated to the fund by the Association of Pharmacist Representatives which was now incorporated in the Northern Ireland Industrial Pharmacists Group.

Mr Eakin said he had attended the recent annual conference of the Institute of Pharmacy Management. He had learned that two schools of pharmacy included management training in the syllabuses of their degree courses and felt Council ought to be considering ways of enabling students to obtain instruction so that a knowledge of the subject could be one of the conditions for registration as a pharmacist.

Professor D'Arcy said that in his department the undergraduate's time was fully occupied in pharmaceutical subjects. If the university was going to introduce management training into the syllabus it would have to be taught to university level. The length of the course would have to be extended or the time spent on other subjects curtailed. He had a certain sympathy with Mr Eakin's suggestion but there were difficulties.

Mr J. Kerr said he regarded the degree course as a basic scientific training. The graduate could take a diploma depending upon the area in which his particular interest lay. He wondered if it would be possible to require, after registration as

a pharmaceutical chemist, a member to obtain a year's experience before being allowed to manage a pharmacy. During that year some knowledge of management training could be made compulsory.

Miss Margaret Jane Watson, Millmount, Rathcarberry, Armagh, and Mr Rodney John George McDonald, 98 Fairfield Road, Bangor, co Down, were co-opted as members of the Council.

The following committees were elected:— Education: Messrs Chambers (chairman), Kerr, McIlhagger, Moore, O'Rourke, Mrs O'Rourke, Dr Bacon and Professor D'Arcy; Ethical: Messrs Boyle, Brown, Crawford (chairman), Dillon, Hunter, Adair, Napier and McDonald; Finance: Messrs Boyle, Brown, Dillon (chairman), McIlhagger, Adair, Napier, Pollock and Miss Watson; House: Messrs Brown, Chambers, Hunter, Dr Bacon and Mrs O'Rourke (chairman); Law: Messrs Chambers, Crawford, Hunter, Kerr (chairman), Moore, Professor D'Arcy and McDonald; Public Relations: Messrs Boyle (chairman), O'Rourke, Adair, Professor D'Arcy, Napier, Mrs O'Rourke and Miss Watson; EEC: Mrs O'Rourke and Messrs Crawford, Kerr (chairman), McIlhagger, O'Rourke and Professor D'Arcy; General Purposes: Mrs O'Rourke and Messrs Boyle, Chambers, Crawford, Dillon, Kerr and O'Rourke.

The secretary reported that a member of the Society, P. J. Campbell, BSc, (Pharm) PhD, MPSNI, had accepted an invitation to give the Sessional Lecture to be held in November. Dr Campbell was Head of the Standards Processing Section, Division of Biological Standards, National Institute for Medical Research, Mill Hill, London, and the title of his lecture would be "Biological Standards — Problems in large-scale production" November 28 was agreed as a tentative date.

## NI health centre pharmacy services not fully used

The service, provided by the Craigavon health service pharmacy in Northern Ireland, is not being used to the full, the fifth annual meeting of the company operating it, Northern Pharmacies Ltd, was told.

The company's chairman, Mr J. Kerr, said that although the population served by the pharmacy was about 7,000, only about 4,000 were on the lists of the two doctors practising at the centre. The directors had recommended that at least a third doctor should be given accommodation at the centre as the population could quickly rise because of the inducements given to move to the new town.

The understatement of the company's liabilities of £1,082 in March, 1973 (last week, p573), had misled the directors in projecting profit figures for the years ahead. However, despite increased ex-

penses, the profit for the year ended March 31, 1974, was £890 compared with £485 (exclusive of a NHS back-payment of £505) in the previous year. After payment towards the 1971-72 loss, the deficiency at March 31, 1974, was £1,276.

The staff of the pharmacy now consisted of the superintendent (Mr J. J. Speers), two lady assistants, one part-time counter assistant and a student undergoing practical training. There would be a considerable increase in the amount paid out in salaries in 1974-75, but the number of prescriptions dispensed and OTC sales continued to rise. Mr J. K. McGregor was re-elected a director of the company. The chairman paid a tribute to the enthusiasm of Mr Speers and the other members of the staff, and also thanked Mr G. H. Downey, Mr Speers' predecessor, for his services to the company.

### Craigavon health centre pharmacy turnover:

Year	Counter sales (percentage turnover)	Prescription items dispensed	Average number of items per form	Prescription charges	NHS remuneration (percentage turnover)	Total turnover
1969-70	£1,127 (21)	9,318	1.42	£301	£3,857 (79)	£5,285
1970-71	£1,758 (21)	11,316	1.40	£394	£6,203 (79)	£8,355
1971-72	£3,075 (24)	15,172	1.40	£724	£8,789 (76)	£12,588
1972-73	£4,875 (25)	20,184	1.46	£1,021	£13,275 (75)	£19,171
1973-74	£7,955 (30)	25,066	1.48	£1,267	£17,272 (70)	£26,494



DEPT	VAR
1	+ 7%
2	+ 1%
3	- 12%
4	+ 5%
5	- 8%
6	- 18%
7	+ 3%
8	- 4%
9	+ 5%
10	- 14%
11	- 1%
12	+ 6%
13	+ 22%
14	- 2%
15	+ 4%

*Should we stage a promotion here?  
Are our prices too competitive?  
What is our customer service like here?  
Is the stock range well selected?*

*Check last years seasonal dip.  
Check the display. Are we short of stock?  
Would a staff incentive scheme help?*

*Are our prices too high?  
Are we short of stock?*

*Should we repeat the advertising?  
Should we extend space?*

## Now you needn't play guessing games with your business

Sweda Protect and Inform Systems give you accurate and reliable information on how your business is operating. And they give it to you fast. Think how useful it would be to have a regular report in front of you, telling how every side of your business is doing.

In terms of staff efficiency as well as trading, Sweda Protect and Inform Systems can give you this. As well as showing which goods are successful and which aren't. Even more important, the details you get will help you plan for the future. Both immediate and long term. Because the information points to the questions you ought to be asking

to make your business run more profitably. Sweda Protect and Inform Systems are complete in themselves. They don't have to be dependent upon data processing, computers or computer bureaux

to help them do their job. Which is to give you a fast, regular source of dependable, relevant information. And whatever your business, that must help take the guesswork out of it.

To Sweda Marketing Services,  
Litton House, 52/56 Buckingham Street,  
Aylesbury, Bucks. HP20 2LW  
Tel: Aylesbury 84140

Please send me more information on  
Sweda Protect and Inform Systems.

Name \_\_\_\_\_

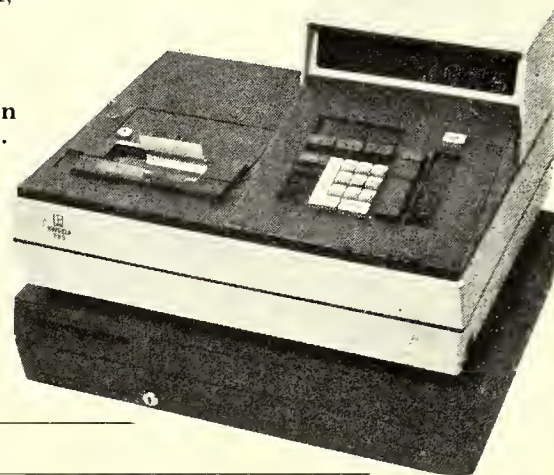
Position \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Tel \_\_\_\_\_

CD2/11



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# 'Beer' pockets? Improve your image, chemists told

There are a lot of chemists with beer pockets and champagne tastes who believe they deserve much more recognition than the public or the government is prepared to give them, claimed Mr Urwin a member of the Central NHS Committee on Sunday (see also p 614).

"We think of ourselves as a professional class, but do we always give a professional service?" A medical officer of health had recently spoken of pharmacists as roughly equivalent to a nurse or technician, and they were not even mentioned in a TV poll on the ten most highly-regarded professions. "This is our biggest single problem—our whole public image is a bit deplorable."

What could be done? "First make sure you have a good site for your business—no moaning is going to help, no-one asks us to set up and no-one owes us a living. How many businesses survive despite the chemists in them?" That they had survived was due to the 47 per cent of income derived from dispensing. "If a business has no chance of £40,000 turnover, my advice is to get out of it."

## The 'new breed'

Mr Urwin saw an end to the breed of man who was a slave to his business and a fool to himself, but it was no good coming to a conference without going back and "really greasing the wheels." "Are you certain you are cleanest, smartest, brightest and most respected man in your business area", he asked? Did the same criteria apply to premises and staff, and were the latter trained in the basic essentials of being polite to customers and taking every opportunity to refer the customer to the pharmacist? The one advantage the chemist had was "willing captives" in those for whom he dispensed prescriptions, and his one strength the service that he, almost alone today, gave. The opportunities for counter prescribing were as never before, as the barriers of appointments, distance and receptionists between doctor and patient became insurmountable.

But there was a new breed of chemist, the young graduate who did not wish to be tied down for 49 hours a week, hanging around when there was no pharmaceutical business to be done, in order to fulfil his NHS contract and comply with the Medicines Act. The chairman of the Statutory Committee had said a pharmacist "might well decide to have lunch on the premises so he might be immediately available" and that "a pharmacy is there to provide a full pharmaceutical service or else it must be closed." Clearly that was a 49-hour week, and Mr Urwin was worried that it was accepted by the profession without complaint.

There was criticism of those who would not give a 24-hour service, and

the speaker was sympathetic to the need. But there must be realistic remuneration for it and the pharmacist must have the option of working shorter hours. The rota system was haphazard, and Mr Urwin maintained there would be few places in which an on-call service could not be easily and willingly provided, with staggered opening hours, if adequate payment were made.

Those who really wanted to do something about existing conditions should call for abolition of their rota and its replacement by a late-duty chemist covering a wide area and/or a 24-hour service. Mr Urwin was certain that if a meeting was called in an area, discussions held with doctors, and a constructive, unified front presented to the Family Practitioner Committee (together with an assessment of reasonable remuneration to encourage someone to undertake the duties, perhaps on a weekly rota basis), the government would see this as a cheaper and more expeditious method of providing a satisfactory service.

The speaker said the "new breed" of pharmacist thought a great deal about nationalisation and he doubted if they were worried about being salaried employees. But what had happened in Sweden? In 1971 the government took over the 600 pharmacies, holding two-thirds of the capital. There was now a headquarters staff of 200; there were 800 pharmacists and 10,600 technicians. A large pharmacy employed three pharmacists and 30 technicians, a small pharmacy no pharmacist and three or four technicians—dispensing could be supervised by either pharmacist or technician (prescriptionist). Although an aim had been to cut the price of medicines, prices trebled in the first three years. More and more pharmacists were being replaced by "cheaper" technicians, and no new graduate pharmacists had been able to obtain employment. "I cannot see nationalisation being vastly different in this country," Mr Urwin warned. The Pharmaceutical Society was considering the creation of a register of technicians—"Is that what you want, a second qualification?" It would be dilution of pharmacists' status.

## No solution

Turning to the dispensing doctor problem, Mr Urwin regretted having no complete answer and asked contractors how they would press the matter. Could not rural doctors be subsidised if they were not earning enough, as were those in London for their extra costs?

However, the Medicines Act provided a "chink of hope." From January 1, 1975, pharmacists would be able to own drug stores, and Mr Urwin believed that non-viable pharmacies should be turned into drug stores and used as prescription col-

lection and delivery points; these could also become part-time pharmacies to coincide with doctors' surgeries.

Earlier, Mr Urwin had defended the members of the Central NHS Committee—their work was unglamorous and never carried out in a blaze of publicity, but they were criticised. Now he acknowledged that the recent award to hospital pharmacists was "not bad at all," and that raised questions about the need for "trade union" leadership instead of the Committee. But were pharmacists satisfied when the leader said they were prepared to close the hospitals? Would a union leader have that same power if dealing with retail pharmacy? Mr Urwin believed there was room for such a man—not as a leader but as someone to advise on how to obtain militancy and organisation and to show direction in this highly specialised field.

In the past, the Central Committee had been remiss in not keeping contractors informed, so *Action* was a step in the right direction. But contractors had a duty to read it so their criticism would be informed criticism. "If you tell me what is right, I promise to fight for it."

Mr J. Charlton, deputy secretary to the Central Committee, explained the mechanism of calculating chemists' costs and negotiating remuneration. In defence of the Committee, he pointed out that all those under attack (except Boots superintendant) were themselves in general practice. "They are serving at considerable personal expense because they feel as strongly as you do." But Mr Charlton added that their achievement must be judged against the fact that pharmaceutical services remuneration had kept pace with that for other Part IV services.

## Society irrelevant for retail

A resolution calling upon the Central NHS Committee to adopt a written constitution and to hold an annual general meeting—the first not later than May 31, 1975, was passed unanimously at the end of the meeting. But it was the Pharmaceutical Society, rather than the Committee, that had come in for criticism during the preceding discussion.

Mr C. D. Ross, an ACC member, said the Central Committee was doing a job "beyond most of us," while the NPU fulfilled the "head office" role for the private pharmacist very well. "But what has the Society done for us in the past few years?" Its opposition to Care—the one scheme that could keep proprietors in business—was just the latest example of pettifoggery. Of the two inspectors who called on pharmacies, the policeman was the most courteous and the one felt to be a "fellow professional" (this sentiment was strongly supported by the meeting). The Society is irrelevant, Mr Ross maintained, except as a registering and educational body. "We who are not afraid or ashamed to be in business should link our destinies with the Contractors Committee and the NPU and we shall not go far wrong."

Mr Urwin pointed out the Society's role as guardian of the professional side of pharmacy's dichotomy, but felt that

*Continued on p 644*



## Lincolnshire ACC

*Continued from p 643*

most of its thinking was negative. He wondered if it would get the 95 per cent support achieved by the NPU if membership were voluntary. However, everyone in pharmacy got their representation on the cheap—"if you pay peanuts you get monkeys"—and it might be better to pay more so that the best people competed to work on pharmacists' behalf.

A defence of the Society came from Mr S. Durham, Sheffield, who preferred "a battery of organisations." The Society had a democratic constitution and if it reflected only one point of view "it is through our sins of omission." Mr J. Maltby called upon all three organisations to unite in public relations for pharmacy, and Mr G. Peat warned that if application of "sanctions" was proposed, the profession would be greatly in need of good public relations.

### Hours victory

From the New Year, chemists in Gainsborough, Bourne and Spalding will be able to close at 5.30 pm—that recent decision of the Lincolnshire hours of service committee was claimed as one of the victories of the ACC in its first seven months of official existence. Mr Graham Walker, ACC secretary, showed how the committee's power to vary contract hours—a permission that "shall not be unreasonably withheld"—had been influenced by the ACC's decision to recommend only applications which were "reasonable," supported by evidence of consultation with other pharmacists and local doctors.

Contrasting the old LPC, for which members had to be "pressganged," with the new ACC, for which there had had to be elections, Mr Walker said there was now no need to play second fiddle to administrators, doctors or lay members. Part of the change was the improved relationship with the committee members from the multiples. "It is important to realise we are pharmacists first, competitors second, and that the committee is concerned with the contract of all of us. The more we pull together, the more we shall achieve."

Mr Bernard Lewis, ACC chairman, said that initial disappointment over lack of leadership from the London meeting of ACC's had set them organising themselves. It had been decided that since no deputies were allowed for pharmacists on Family Practitioner Committees, the representatives must be reimbursed for locums; a levy of 20p per £100 received was therefore imposed. One aim was to ensure that FPC subcommittees had chairmen not associated with any practitioner ("lay" chairmen have sometimes been doctors' wives), because it was often only in these subcommittees that pharmacy's view could be got across to the lay members of the FPC.

The Committee looked forward to organising dispensing assistants' courses and was examining the possibility of organising "permanent" locums who would guarantee eight to ten pharmacies 30 weeks' work a year, together with an emergency locum service. Mr Lewis hoped the ACC would be used by contractors as a channel for their views to be passed to the "distant" Central Committee.

# Company News

## Marked increase in Greeff associates' profits

Greeff-Chemicals Holding Ltd's profit, after tax, for the first half of 1974 amounted to £303,000 before taking credit for a profit of £473,000 (after tax) on the sale of investments. No account has been taken of the results of Chemical Securities Ltd which has been acquired since the end of the first half of the year.

Group trading profit in the first half, including profit of associated companies, has shown a marked increase over the first half of 1973. Profits of R. W. Greeff & Co Ltd, might be slightly lower in the second half of 1974 than in the first, the board state, but with the introduction of profits from Chemical Securities and its subsidiaries in the second half, "1974 as a whole should provide excellent results".

## West-German action on some Roche prices

Hoffmann La Roche's German subsidiary has been told by the West German Cartel Office to lower their prices for Valium by 40 per cent and for Librium by 35 per cent.

Explaining their decision, the Cartel Office says Hoffmann La Roche fulfils the criterion for market domination, producing 53.3 per cent of the drugs in question sold by dispensing chemists and 85 per cent used in hospitals. Since introducing the tranquilliser in the early 1960s its price had remained unchanged although faced with competition for the past nine years.

In Basle the parent company announced that it would appeal against the judgment to the Commercial Court in Berlin. After noting that the price of Librium and Valium in West Germany is below that of competing products, the company reiterated its conviction that the Cartel Office's case was based partly on false premises and that the courts would "clear up the questions presented".

The Cartel Office claimed that the German Valium prices were "well above those in France, Italy and the UK before the British Government ordered prices to be lowered in April 1973".

## New ICI chairman elected

Deputy chairman, Mr. Rowland Wright, has been elected to succeed Sir Jack Callard as chairman of Imperial Chemical Industries Ltd when Sir Jack retires next April. Mr Wright joined the company as a chemist in 1937 and after a number of appointments in laboratories, management and production he became production manager of the pharmaceutical division in 1955 for two years.

### Briefly

**Lankro Chemicals Ltd:** Profits in the first half of the year at £148m were a record and compare with £531,000 in the first half of 1973.

A team of 11 medical representatives of Schering Chemicals Ltd visited the headquarters of Schering AG in Berlin recently to bring them up to date with the production and packaging of the products they promote in the UK.

**Mr R. E. Woolley, MPS,** has retired after 48 years in general practice. His business, Frost & Co, 9 High Street, Hornsey, London N8 will continue to trade under the same title, the new owners being Rexlodge Ltd, Wood Green. Mr Woolley's home address is: 55 Chandos Avenue, London N20 9EE.

### Appointments

**Armour Pharmaceutical Co Ltd** have appointed Mr B Beesley their marketing manager.

**John Wyeth & Brother Ltd** have appointed David Pollard field sales manager of their nutritional division.

**Ciba-Geigy (UK) Ltd** have appointed Mr Owen Davies general manager of their consumer products business, succeeding Mr W. J. Bates who has been appointed the company's director of commercial development.

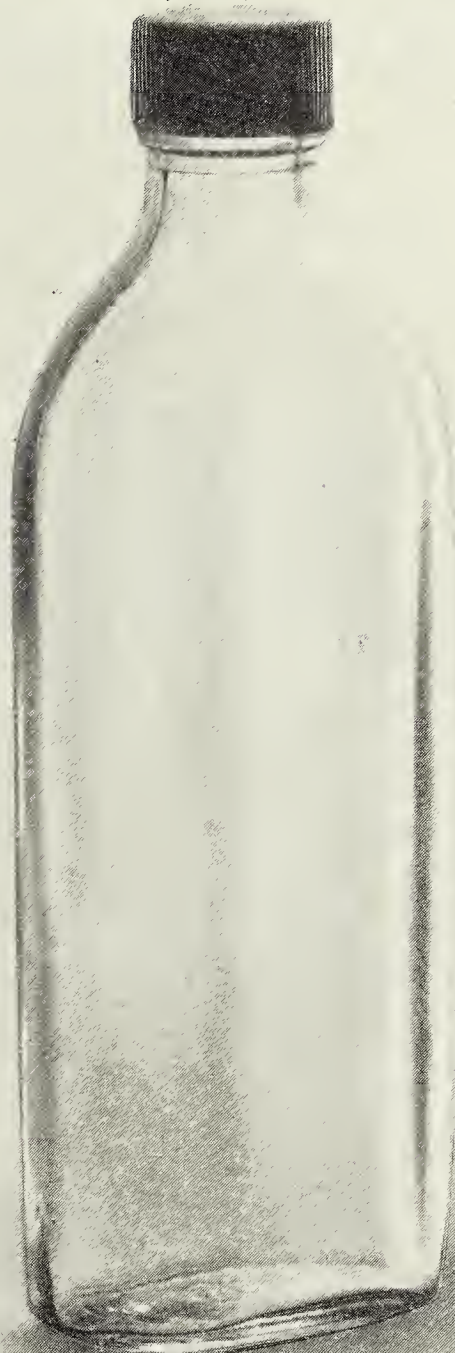
**The Wellcome Trust** have appointed Sir William Armstrong a trustee. Sir William was until recently head of the Home Civil Service; he succeeds Mr R. M. Nesbitt. The Trust has moved to new offices at 1 Park Square West, London NW1 4LJ (telephone: 01-486 4902—unchanged).

International guests from 13 countries recently toured the factory of Cussons Sons & Co Ltd and were later entertained to lunch. Pictured here are, from left: J. Bergerson, France, H. Hirtler, Germany, Miss L. Batista, and two directors of Cussons, B. M. Harris and Simon Cussons (chairman)





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# Market News

## CHEMICALS FIRM

London, October 30: The easier trend in essential oil prices continued during the week and this tendency appeared to spill over slightly into the crude drugs section.

Lower in crude drugs were balsam, Peru, benzoin, podophyllum and Brazilian menthol. With origin unable to offer cascara, spot rates have moved up again; the ton rate has now almost reached four figures. Pepper was firmer reputedly because many buying centres, in particular France, have been active.

Tinnevely senna shipments from Tuticorin during September included 346 tons of leaves and 376 tons of pods, all consigned to the mainland of Europe. Lower prices were noted for Brazilian peppermint, anise, cassia, citronella, Spanish eucalyptus and petitgrain oils.

Easier rates have yet to penetrate the pharmaceutical chemical sector. Changes here are all upwards and by considerable amounts. Cocaine was marked up by over 50 per cent. Citric acid was also sharply advanced as regards imported material. Sulphamethizole was firmer.

The shortage of and continuing rise in the price of sugar is causing problems for the manufacturers of syrups.

## Pharmaceutical chemicals

**Acetarsol:** 50-kg lots £8.35 kg.  
**Acetic acid:** 4-ton lots, ex-works, per metric ton, BPC glacial £154.75; 99.5 per cent technical £146.75; 80 per cent grades pure, £135.25; technical £126.25.  
**Aloin:** 50-kg lots £12.90 kg.  
**Atropine:** (per kg for 1/2-kg lots) Alkaloid £85.00, methonitrate £95.00; methylbromide £93.50; sulphate £66.50.  
**Bacitracin z.nc:** £3.00 per mu.  
**Brucine:** Sulphate £25.00 kg.  
**Caffeine:** Anhydrous £3.19 kg in 100-kg lots; citrate £2.09 kg (50-kg lots).  
**Cantharidin:** 10 g lots £0.75 per g.  
**Chloral hydrate:** 50-kg lots £1.00 kg.  
**Chloramphenicol palmitate:** £40.00 per kg.  
**Citric acid:** Spot BP granular hydrous per metric ton for single deliveries from £425 to £589 according to maker. Anhydrous from £456 to £633.  
**Cocaine:** Alkaloid £350 kg; hydrochloride £319. Subject to Misuse of Drugs Regulations.  
**Colchicine:** £0.90-£1.00 per g.  
**Cortisone:** Acetate £295-£350 kg.  
**Cyclobarbitone:** Calcium £5.50 kg in 25-kg lots.  
**Dapsone:** £4.00 to £6.00 per kg.  
**Deltacortisone:** £450-£480 per kg.  
**Dexpanthenol:** £10 kg.  
**Dextromethorphan:** Hydrobromide £110 kg.  
**Digoxin:** £2.85 per g.  
**Dimidium bromide:** 5-g lots £3.20 g.  
**Ephedrine:** Alkaloid £18.30 kg in 25-kg lots; hydrochloride £15.50; sulphate £17.00.  
**Glycerin:** Nominally £453 metric ton, naked delivered.  
**Hydrocortisone:** Acetate and base £295-£350 kg.  
**Hydrogen peroxide:** 35 per cent £167 metric ton.  
**Isoprenaline:** 1-kg lots, hydrochloride £35.00; sulphate £30.00.  
**Magnesium carbonate:** BP per 1,000 kg heavy £312 to £400; light £250.  
**Magnesium dihydrogen phosphate:** £0.9612 kg in 50-kg lots.  
**Magnesium hydroxide:** (metric ton) BPC light £730; 28% paste £310.  
**Magnesium oxide:** BP per 1,000 kg heavy £980; light £730.  
**Magnesium peroxide:** 50-kg lots 23-25 per cent £0.59 kg.  
**Magnesium sulphate:** BP from £63.50 to £79.20 metric ton; exsiccated £157.90 ex works.  
**Magnesium trisilicate:** £450 metric ton in 2 1/2-ton lots.

**Methadone hydrochloride:** Subject to Misuse of Drugs Regulations. £1.33 per 5 g.  
**Methyltestosterone:** £220-£260 per kg.  
**Narcotine:** Alkaloid and hydrochloride in 25-kg lots £15 kg.  
**Neomycin sulphate:** £40.00-£42.00 kg.  
**Norethynodrel:** £190-£230 kg.  
**Opiates:** (£ per kg) in 1-kg lots. Subject to Misuse of Drugs Regulations.

	From	To
<b>Codeine</b>		
alkaloid	233.50	240.40
hydrochloride	208.90	—
phosphate	178.00	183.40
<b>Diamorphine</b>		
alkaloid	232.90	—
hydrochloride	258.60	—
<b>Ethylmorphine</b>		
hydrochloride	227.00	234.40
<b>Morphine</b>		
alkaloid	256.50	264.70
hydrochloride	210.00	216.10
sulphate	210.00	216.10

**Paraffins:** (Per gal) liquid BP, £0.989; light liquid BPC 1963, £0.882; technical white oil WA 23, £0.804; WA 21, £0.859 (drums extra). Petroleum jelly soft white grade 54, £175.50 ton; yellow grade 60, £162.00 ton.  
**PAS sodium:** £1.40 kg.  
**Penicillin:** Potassium, sodium or procaine, sterile. £14.50 per 1,000 Mu.  
**Pentobarbitone:** 100-kg lots £5.87 for acid and £6.21 for sodium.  
**Pethidine hydrochloride:** From £13.30 to £14.90 kg as to the maker and quantity. Subject to Misuse of Drugs Regulations.  
**Phenitone:** 25-kg lots £4.24 kg.  
**Phenobarbitone:** 100-kg lots £5.25 per kg; sodium £5.60. Supplies short.  
**Pholcodine:** 1-kg £240.90; 60-kg £218.60 per kg. Subject to Misuse of Drugs Regulations.  
**Phosphoric acid:** BP, sg 1.750, £0.2207 kg in 10-drum lots.  
**Phthalylsulphathiazole:** 50-kg lots £1.60 kg.  
**Pilocarpine:** (1-kg) hydrochloride £96; nitrate £88.  
**Polymyxin B sulphate:** £62.50 per 100 mu.  
**Potassium acid tartrate:** BPC from £950 metric ton delivered in bags.  
**Potassium citrate:** Granular £461-£624 per metric ton as to source; powder plus £10 ton.  
**Potassium hydroxide:** Pellets BP 1963 in 50 kg lots, £0.87 kg; sticks £2.94; technical flakes £0.3879.  
**Potassium phosphate:** BPC 1949 in 50 kg lots, granular £1.0713 kg; powder £0.9214.  
**Progesterone:** £120-£160 per kg.  
**Quinalbarbitone:** Sodium and acid £6.75 kg for 25-kg lots.  
**Quinine:** Minimum prices per kg, alkaloid £80.00; bisulphate £65.00; dihydrochloride £79.00; hydrochloride £76.00; sulphate £75.00, all nominal.  
**Sodium thiosulphate:** Photo' grade £103 metric ton, delivered. Supplies short.  
**Streptomycin:** £18.00 kg base, dihydrostreptomycin £18.50 kg base.  
**Sulphamethizole:** BP 250-kg lots £5.33 kg.  
**Tetracycline hydrochloride:** £12.00-£13.00 per kg.

## Crude drugs

**Balsams (kg) Canada:** £18.00 cif. **Copaiba** BPC £2.70 spot; £2.60, cif. **Peru:** £9.50 spot; £9.30, cif. **Tolu:** £3.80 spot; £3.70, cif.  
**Benzoin:** BPC spot £67.00-£72.00 cwt; £66.00-£71.00, cif.  
**Cascara:** £990 metric ton spot.  
**Liquorice root:** No spot; Chinese for shipment £230 metric ton, cif.  
**Pepper:** (ton) Sarawak black £760 spot; £720, cif; white £975; £925, cif.  
**Pimento:** (ton) Shipment \$(Jamaican) 2,500 fob.  
**Podophyllum:** Emodi £505 metric ton spot; £495 cif.  
**Seeds:** (ton) Anise: China Star unselected £725 cif. Caraway: Dutch £365, cif. Celery: Indian £440, cif. Coriander: Moroccan £105, cif. Cumin: Iranian £610, cif. Dill: Chinese for shipment £210; Indian £220, cif. Fennel: £400, cif. Fenugreek: £160, cif. Mustard: £320-£340 spot.  
**Tonquin beans:** £1.35 spot; £1.30, cif.

## Essential and expressed oils

**Anise:** £22.00 spot; £18.00-£20.00, cif.  
**Camphor white:** £2.50 kg spot; £2.00, cif.  
**Cod-liver:** BP in 45 gal lots nominal; veterinary £1.16-£1.31 gal.  
**Cassia:** Chinese £18.50 kg spot and cif.  
**Citronella:** Ceylon £2.25 kg spot; £2.00, cif.  
**Clove:** Madagascar leaf £2.60 kg cif nominal.  
**Eucalyptus:** Chinese £8.00 kg spot and cif for 80-85 per cent. Spanish/Portuguese £4.75, cif.  
**Peppermint:** (kg) Arvensis Brazilian £6.50 spot; £6.00, cif. Chinese £12.50 spot; £12.00, cif. American piperata from £16.00.  
**Petitgrain:** £7.30 spot; £7.00, cif.  
**Pine:** (kg) Pumillonis £1.75; sylvestris £0.51.  
**Sassafras:** (cif) Chinese £2.60 kg; Brazilian £2.00.  
**Spearmint:** Chinese £6.50 kg spot and cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press but it should be noted that in the present state of the markets quotations change frequently.

## Distal meet opposition over expansion plan

Distal Products Ltd plan to extend their factory on Speke Industrial Estate, Liverpool for the manufacture of antibiotics. When their application for outline planning permission came before the city's planning subcommittee it was stated that there were constant complaints about noise and smells from the factory.

Mr J. Rimmer, for the department, said that the firm always tried to help but "it is difficult to measure smells and we can't find a remedy."

The committee postponed its decision at least until corporation representatives had met the factory owners and consulted residents. Meanwhile it was stated "noise levels at the plant have been reduced recently and the company has engaged a firm of consultant chemical engineers to study the smell problem."

## Coming Events

### Monday, November 4

**East Metropolitan Branch, Pharmaceutical Society,** Churchill room, Wanstead Library, Spratt Hall Road, Wanstead, London E11, at 8 pm. Mr J. C. Bloomfield on "Reorganisation of the NHS".  
**Harrow Branch, Pharmaceutical Society,** Clinical lecture theatre, Northwick Park Hospital, Watford Road, Harrow, at 7.45 pm. Joint meeting with Harrow Branch, NPU. Mr T. P. Astill (deputy secretary of the NPU and Chemists' Defence Association) on "Some legal pitfalls in running a pharmacy".  
**Salisbury Branch, Pharmaceutical Society,** Red Lion Hotel, Milford Street, Salisbury, at 7.30 pm. Annual meeting.

### Wednesday, November 6

**Finchley Branch, Pharmaceutical Society,** Barnet postgraduate medical centre, Mr F. Allen on "Gout in the gentry".  
**Lancaster, Morecambe and Westmorland Branch, Pharmaceutical Society,** Elms Hotel, Bare, Morecambe, at 7 pm. Annual dinner and dance.  
**Slough Branch, Pharmaceutical Society,** Bell House Hotel, Beaconsfield, at 7.15 pm. Annual dinner and dance.  
**West Metropolitan Branch, Pharmaceutical Society,** Great Western Royal Hotel, Paddington Station, London W2, at 7 pm. Mr J. C. Bloomfield, OBE (professional secretary, FIP) on "The EEC: possibilities and probabilities".

### Thursday, November 7

**Doncaster Branch, Pharmaceutical Society,** Ye Olde Bell, Barnby Moor, Retford. Annual formal dinner and dance.  
**Guild of Hospital Pharmacists,** School of Pharmacy, London University, Brunswick Square, London WC1, at 7.30 pm. Presentation of Nicholas Award to Mr G. Raine.  
**Harrogate Branch, Pharmaceutical Society,** Spa Hotel, Ripon, at 8 pm. Mr I. F. Jones on "An academic's view of the NHS contract".  
**Huddersfield Branch, Pharmaceutical Society,** Spotted Cow Hotel, New Hey Road, Salendine Nook, Huddersfield, at 8 p.m. Talk by Mr A. Howells, OBE.  
**Industrial Pharmacists Group, Pharmaceutical Society,** 17 Bloomsbury Square, London WC1, at 7 pm. Meeting on "International product registration, today and tomorrow".  
**Northumbrian Branch, Pharmaceutical Society,** Wheatshaf Hotel, Callerton Lane Ends, Woolsington, at 7.40 pm. Dr R. P. Graham on "Acupuncture - fact or fiction".  
**Shropshire and Montgomeryshire Branch, Pharmaceutical Society,** Britannia Hotel, Mardol, Shrewsbury, at 7.15 pm. Dr W. H. Watson on "Medical treatment and drug uses in the Third World".  
**Stockport Branch, Pharmaceutical Society,** Alma Lodge Hotel, Stockport, at 8 pm. Discussion on "Restricted titles an early warning system for drug misuse".  
**Thames Valley Branch, Pharmaceutical Society,** Winthrop House, Surbiton, Surrey, at 8 pm. Mr S. Rose-Neil on "Acupuncture".

### Friday, November 8

**Teesside Branch, Pharmaceutical Society,** Golden Eagle Hotel, Town Centre, Thornaby, at 7.45 pm. Annual dinner and dance.

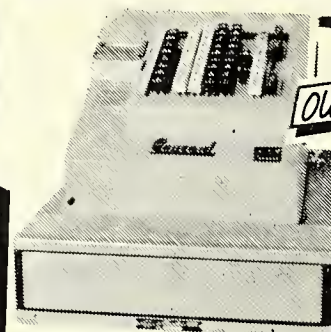


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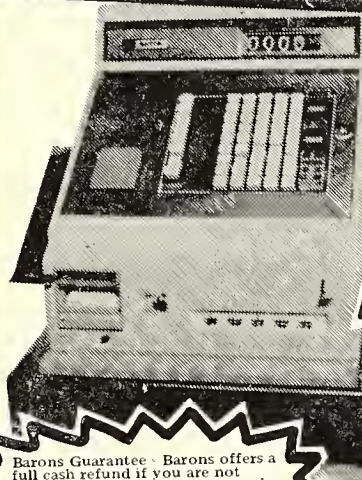
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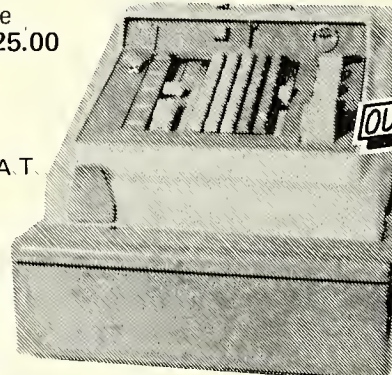
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**KING GEORGE HOSPITAL,** Eastern Avenue, Ilford, Essex.  
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